Clinical Lectures ON PULMONARY EMPHYSEMA.

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LECTURE II.—(*Concluded.*)

I SHALL next read you the history of a case in which the influence of dyscrasia upon the production of the emphysema is less certain and distinctly marked than in the case we have hitherto been considering, but in which also the rapid and extreme development of the emphysema leaves no doubt, in my opinion, that the comparatively recent bronchitis, which had never been excessively severe, could only have produced it in lungs which had already lost their normal powers of resistance.

J. M——, aged twenty-seven years, a labourer, who had been under my care for a short time in December, 1864, and again in March, 1865, was readmitted as an out-patient at the Middlesex Hospital, October 3rd, 1865. He stated that three years before he had been ill for nearly six months, and had been confined to bed for many weeks with rheumatic fever, followed by bronchitis. From that time he had seldom been entirely free from cough, though it had each year been less troublesome in warm weather until the summer immediately preceding his admission, during which it had continued unabated. He had also suffered much from shortness of breath. On admission, he was obviously suffering from extreme dyspnœa, his respiration being very laborious even when he was quite at rest. The cough was of a wheezy, abortive character, attended by a very scanty expectoration of thin frothy fluid. The skin was cool; the pulse 75, feeble; the finger-ends were slightly bulbous. The urine had a specific gravity of 1015, was pale-coloured, acid, and free from albumen. On exposing the chest for examination, a few patches of psoriasis were seen upon its anterior surface. The shoulders were much rounded, so that the scapulæ were brought into an almost horizontal position. The supra-clavicular regions were depressed, and formed cup-like hollows behind the clavicles, these hollows being much increased in depth during inspiration. The sterno-cleido-mastoid and scalene muscles were much hypertrophied, and in powerful action during inspiration, forcibly dragging upwards the front of the thorax in one piece, as if by a sudden jerk, in order to assist the inspiratory process. The expansion of the chest was very deficient, but symmetrical and equal on the two sides. The thorax was rounded and prominent in front, so as to give it, together with the rounded shoulders, a somewhat globular shape in the upper part; but it was rather contracted than otherwise below the sixth rib, and, though deep in the antero-posterior diameter, was flat in the axillary regions. The note elicited by percussion over the front of the thorax, from the clavicle to the margin of the ribs on either side, and even over the præcordium, was perfectly clear. Posteriorly the percussion resonance was also abnormally clear over the base of both lungs. The breathing was spasmodic and rather quick, the respirations being 26 in a minute. In some parts of the lungs the breath-sounds were very feeble, but more generally the inspiration was wheezy and sibilant, and the expiration very audible, much prolonged, and of a grave, snoring character. The breath-sounds were distinctly audible over the præcordium. Mucous crepitation was heard with inspiration in the bases of both lungs. The heart was displaced downwards and inwards; its impulse was seen and felt only in the epigastrium immediately below the xiphoid cartilage, where its sounds were also distinguishable; there was no cardiac murmur. The liver was also displaced downwards; its dulness on percussion commenced somewhat below the normal line, and its margin was felt a full inch below the margin of the false ribs. I prescribed a draught containing fifteen minims of tincture of squills, twenty minims of compound tincture of camphor, five grains of carbonate of ammonia, and two ounces of infusion of senega, to be taken every six hours, with five grains of the compound hemlock pill every night. Under this treatment he at first decidedly improved; but, presuming on the improvement, he exposed himself to inclement weather, and on Nov. 20th, in consequence of having taken cold, was even worse than he had been at the time of his admission. The cough was very troublesome, and he was raising a very considerable quantity of transparent frothy expectoration, more tenacious than before. The respiration was most laborious, not only the muscles at the front of the neck, but also the lower intercostal and abdominal muscles, being in violent action. Cooing râles were heard all over the chest; the crepitation in the bases of the lungs was of a drier character than before. The skin continued cool. Five minims of ipecacuanha wine were added to each senega draught; a hot linseed-meal poultice was kept over the back of the thorax; and, the urine being perfectly normal, a blister was applied across the upper part of the sternum. On the 24th the cough had already become less troublesome, except at night, the expectoration less copious, and the breathing less gasping and laborious; the breath-sounds had also slightly improved; the pulse was 90 and feeble. There being nothing in the case to contraindicate the use of opiates, a quarter of a grain of the hydrochlorate of morphia was added to the night pill. On the 27th the improvement in the patient's condition was very marked: he had much less cough at night, the dyspnœa was less urgent, and the pulse had fallen to 72. This amelioration continued for some time, until he again took cold from some fresh exposure; for, notwithstanding the man's distressing condition, as soon as he felt somewhat better he did many little jobs of out-door work requiring only slight physical exertion, but involving great risk of taking fresh cold. After the more acute symptoms had subsided, he derived much benefit from taking the tincture of sesquichloride of iron and diluted hydrochloric acid, sometimes in combination with wine of ipecacuanha and small doses of the solution of hydrochlorate of morphia, and at other times with spirit of chloroform. When at his best, his respiration was laborious, and cooing râles were always audible in some part or other of the lungs. He was finally lost sight of in the spring, when he considered himself as well as he was likely to become.

Here, then, is a characteristic case of general emphysema in which there is no doubt, from the patient's statement, that the bronchitis had preceded the emphysema, and that the liability to bronchitis dated from the attack of rheumatic fever three years before. As to the exact nature of the pulmonary affection which first supervened on the rheumatic attack we can, however, pronounce no positive opinion, although the patient called it bronchitis. As a rule, the rheumatic poison is prone to attack the fibrous tissues and the serous membranes, rather than the mucous membranes and the skin, which are the parts more usually affected in persons of the gouty diathesis. Hence, whilst we very commonly find bronchitis and certain cutaneous diseases either coexisting or alternating with fits of the gout, pleurisy, pleuro-pneumonia, pericarditis, and endocarditis are the more frequent complications of acute rheumatism. At the same time, bronchitis does no doubt occur, though more rarely, in this latter disease. I have seen two or three cases in which a primary attack of general bronchitis coexisted with rheumatic fever, and similar cases have been recorded by Dr. Latham in his Clinical Lectures, and by Dr. Fuller in his work on Rheumatism. My colleague, Dr. Thompson, had also, some time since, under his care a case of rheumatic fever in which bronchitis in both lungs constituted the more urgent part of the patient's ailments. It is therefore by no means improbable that the same may have occurred in this case; and, at any rate, the patient can scarcely have been mistaken in the fact that immediately after the rheumatic attack he had begun to suffer from cough, to which he had not been previously subject, and had continued to do so at intervals for some time before he experienced any of the shortness of breath which was now the distressing feature of his condition. But as the patient did not come under observation until the rheumatic symptoms had quite passed away and the bronchitis and emphysema were both well established, I am unwilling in this case to attach over-much importance to the relation between them; and shall now direct your attention to those points in the case which render it particularly instructive with reference to the changes produced by the emphysema in the shape of the chest and in the whole mechanism of respiration. The thorax had acquired, in a very marked degree, the somewhat globular form often associated with extensive emphysema when it has commenced in youth or in early middle life, before the costal cartilages have become ossified and unyielding. This rounded form of the thorax is mainly due to actual dilatation,

and is sometimes limited to the anterior walls; but when the emphysema is general, and consequently the dyspnœa severe and the cough frequent and abortive, the patient is habitually compelled to incline his body forwards and to elevate the shoulders, until the shape of the posterior part of the thorax becomes also permanently altered. The change of shape in the shoulders is further promoted by the habit which such patients acquire of resting upon their elbows during paroxysms of orthopnœa, in order that, the arms being fixed, the muscles of the shoulders and back may be converted into accessory muscles of inspiration. But although in these cases the laborious efforts at inspiration are the most obvious, the difficulty of expiration, consequent upon the loss of contractile power in the lungs, is the real foundation of the patient's sufferings. The act of expiration being inefficiently performed, too large an amount of residual air is left at the close of each inspiration in the air-vesicles, which of course are thereby rendered unable to admit a sufficient supply of fresh air at each succeeding inspiration. In order to overcome this difficulty, and appease the craving for fresh air, more violent inspiratory efforts are made, and this is more especially the case when to the loss of elasticity in the lungs themselves is added the impediment to the accessory action of the diaphragm, consequent upon the downward pressure of the over-distended lungs. All the various muscles that can by any means be converted into accessory muscles of inspiration are then brought into powerful action. Accordingly, the sterno-cleido-mastoid muscles were seen in this patient spasmodically assisting the scalene muscles as elevators of the thorax, dragging it upwards in one piece at the moment of inspiration; whilst the muscles of the shoulders and back were, as I have already said, called into play with the same object. All these violent manifestations of distress were absent in my other patient, W. E——, at ordinary times, and you will remember that I attributed his comparatively comfortable breathing to the fact that the lungs, although extensively emphysematous, had not displaced the diaphragm downwards, so as to interfere either with the performance of its own proper function of enlarging the capacity of the thorax in inspiration, or with powerful accessory action on the part of the abdominal muscles in expiration. These latter had, consequently, sufficed to compensate in a great degree, though not without abnormal muscular effort, for the loss of expiratory power in the lungs. But in J. M—— the circumstances were very different. Owing, probably, to the rapidity with which the emphysema had attained so large a development, the dilatation of the walls of the thorax had not sufficed to obviate the pressure of the enlarged lungs upon the heart, diaphragm, and liver, which were consequently all displaced downwards in a very marked degree, thus rendering inoperative the means of compensation existing in W. E——; and hence the extreme dyspnœa and painful inspiratory efforts exhibited by this patient even when at rest. Even in his very distressing state, however, well-directed medical treatment may still be of essential service for mitigation, though not for cure; and, as we have seen, under the use of sedatives and other remedies adapted to subdue the bronchial irritation, the more urgent symptoms gradually subsided, and he was brought, for the time at least, into a much more tolerable condition.

I now turn to the notes of a case belonging to the second of the two classes into which I have divided cases of bronchitic emphysema; the previous history of the patient affording no indications of gouty, rheumatic, or any other dyscrasia, and the emphysema having only been developed after severe and repeated attacks of bronchitis.

H. B——, a married woman, aged forty-nine years, was admitted an out-patient at the hospital, under my care, on the 16th of February, 1866. Her father had died asthmatical at the age of forty-two; her mother and two sisters were living, and in good health. She had never suffered either from gout or rheumatism, nor was there any history of gout in her family. For six years past she had suffered constantly in winter from cough, which, in the first instance, was induced by attending at night upon a consumptive friend without proper precautions against taking cold. She had previously enjoyed good health; and since that time she had usually been well and free from cough during the summer, until the year previous to her admission, during which she had never lost her cough, and began to suffer continuously from shortness of breath. On admission her pulse was quiet and skin cool. The respiration was laboured, the cough exceedingly troublesome, and the expectoration was generally thick and white, though sometimes thinner and of a yellow colour, and occasionally streaked or specked with blood. The chest was everywhere resonant on percussion. Bronchitic râles were heard more or less over both lungs, and the sound of expiration was prolonged and distinctly audible. The patient continued to attend for several weeks, and became much more comfortable both as regarded the cough and dyspnœa. On the 7th of April, however, she was admitted into the hospital for a fresh attack of bronchitis. On admission her lips were rather livid, and the cough and dyspnœa were very urgent. The pulse was 100, and very feeble; and the patient had a languid, exhausted aspect, and complained much of weakness and of inability for exertion. The chest expanded imperfectly, being for the most part simply elevated during inspiration by strong and well-pronounced action of the cervical muscles. The thorax was resonant on percussion from apex to base, and comparatively so even over the precordium; posteriorly, also, it was abnormally resonant, excepting over the base of the right lung. The impulse of the heart could neither be seen nor felt in its normal situation; and respiratory sounds were heard over the cardiac region. The heart-sounds were free from murmur. Rhonchus, sibilus, and moist râles were abundantly audible over both lungs. The cough was hard, dry, and exceedingly troublesome, and the expectoration was very scanty. The urine was acid, specific gravity 1018, and non-albuminous. I ordered a hot linseed-meal and mustard poultice to be applied over both the front and back of the thorax, the compound senega draught, with five minims of wine of ipecacuanha, and twenty minims of tincture of henbane, to be taken every six hours, and five grains of the compound pill of hemlock every night at bedtime. I also ordered her to have a liberal diet of eggs, beef-tea, and milk, with six ounces of brandy in the twenty-four hours. Under this treatment the cough became looser and less troublesome, and the expectoration much more abundant, somewhat opaque, and occasionally streaked with blood. On April 30th, the patient was noted as decidedly improving, and as sleeping quietly for several hours at night; but the respiration continued very laborious. The epigastrium and lower costal regions below the fifth rib, the lower part of the sternum, and also of the thorax posteriorly, were drawn inwards during the act of inspiration; the lower part of the abdomen, on the contrary, was protruded. Rhonchus and sibilus were heard over the whole chest; moist crepitating sounds in the bases of the lungs only. The pulse was 70, small and compressible. The fits of coughing were long, and the patient was expectorating much opaque adhesive mucus, chiefly of a yellowish, but sometimes of a slightly rusty hue. On May 11th, the pulse was only 60, very small and compressible; the cough had become much less troublesome, the respiration less laborious, and, with the exception of some faint crepitation in the bases of the lungs, no adventitious sounds were discovered on auscultation. She was now ordered to take half a drachm of the syrup of iodide of iron three times a day, and, being in a better state than was usual with her, was discharged as convalescent on May 14th. She continued, however, to attend as an out-patient until the month of September, during which period she continued to take the chalybeate in the day-time and the hemlock pill at night, and remained free from any accession of bronchitis. On the 14th of September she came to inform me that she was about to go to Ireland, when the following last notes of her case were taken:—Pulse 66, small and feeble; respirations 24, comparatively tranquil. The sterno-cleido-mastoid muscles were in slight action even in ordinary respiration, and the epigastrium was still retracted during inspiration. The abnormal resonance of the chest remained unabated; no cardiac impulse could be seen or felt. The heart-sounds were distinct, and free from murmur; but the first sound was prolonged and accentuated. The respiration was dry and harsh; no moist sounds were anywhere audible; the sound of expiration was much prolonged. The patient considered herself to be much improved, as in truth she was, and said that she had little shortness of breath even on moderate exertion, excepting in the morning, when she usually had a long abortive fit of coughing, and raised with difficulty a very scanty sputum. During the day-time she had very little cough, and no expectoration.

To this case the term bronchitic emphysema may be applied in the strict sense of the words; for the emphysema, so far as I could ascertain, had undoubtedly resulted from the frequent and severe bronchitic attacks, extending over a period of six years. As might naturally be expected in such circumstances, the emphysema had come on slowly, and had been so masked by the urgent suffering of the bronchitis, that the patient had only become conscious of its existence when it had nearly attained the advanced stage which we witnessed on her admission to the hospital. I have already said that there were no indications of any gouty or rheumatic tendency in this woman's

case, and that her first attack of bronchitis supervened upon a definite and sufficient exciting cause. But there was one fact in her family history which bears upon the etiology of the bronchitis, and, therefore, indirectly also upon that of the emphysema, which was its secondary result. She stated that her father had died asthmatical at the age of forty-two. In the absence of more precise data I would by no means insist upon any precise interpretation of this term, but I think the woman may be fairly assumed to have inherited a tendency to pulmonary affection, which could not fail to render her, after the occurrence of an accidental bronchial attack, more likely to become the subject of chronic pulmonary disease than another person in the same circumstances who had inherited no such tendency. With regard to the emphysema in this case, it appears to have been the immediate result of the bronchitis, and to have arisen mainly from the over-distension of the air-cells during the violent and prolonged fits of coughing; but, of course, it may be a question whether hereditary delicacy in the tissues did not play a part in impairing their normal powers of resistance. It may be a question also whether repeated attacks of bronchitis do not in themselves lead to such defective nutrition of the pulmonary tissue as to diminish its proper tone and elasticity, and thus to favour the development of emphysema. In such cases, however, the emphysema would be none the less the direct result of the bronchitis, although not, as usually regarded, solely the result of mechanical causes. There are some points connected with the mechanism of the respiration in this patient to which I shall briefly revert, after reading you my notes of another case in which the same phenomena were exhibited in a still more marked degree. But, before passing on to the other case, I should wish you to remark the striking improvement of this patient under treatment. For more than a year previous to her coming under observation she had suffered continuously from cough and dyspnœa, even when at rest; but when I last saw her she had for several months had scarcely any cough or dyspnœa except on first rising in the morning, she had no expectoration, and her breathing was much less laboured. In the first place I had prescribed only remedies calculated to relieve the bronchial irritation; but as soon as this was subdued she was put upon a course of the iodide of iron—a medicine which I have found of great value in cases of pulmonary emphysema during the intervals between intercurrent attacks of bronchitis. Emphysematous patients are usually more or less anæmic, and, therefore, any form of chalybeate will often be serviceable; but the syrup of iodide of iron has appeared to me in many cases to have a quite peculiar efficacy in restoring tone to the system, and, as in this case, diminishing the liability to fresh accessions of bronchitis, thereby retarding, also, the further development of the emphysema. I come, lastly, to that other case to which I have alluded, in which the emphysema appears also to have been the direct result of repeated attacks of bronchitis.

W. C——, aged fifty-five, a man of clear florid complexion, a coachman, was admitted an out-patient under my care on Nov. 10th, 1864. He had for several years been subject to cough in winter, but was always comparatively free from it in summer. He had had no symptoms either of gout or rheumatism; nor, so far as he was aware, had he any hereditary right to either of these complaints, or to any form of pulmonary disease. For a month previous to his admission he had been suffering from his usual winter cough, attended by a great degree of dyspnœa, and by a thin frothy expectoration which was occasionally streaked with blood. On admission, his skin was cool and moist; pulse 79, of good volume; tongue much furred. The respiration was laborious, the muscles in the front of the neck being in powerful action. The chest was broad and rounded in front, but flattened at the sides. It rose uniformly on the two sides, but expanded imperfectly; and the supra-clavicular spaces were depressed into deep cavities during inspiration. The chest was resonant on percussion in front from apex to base on both sides, even over the præcordium, and also posteriorly over the bases of both lungs, but more especially the left. A dry crepitating sound was heard with inspiration at the third intercostal space on either side, together with rather fine mucous crepitation in the base of the left lung. The expiration was prolonged, and in the bases of both lungs posteriorly was superseded by grave, snoring rhonchus. The heart was displaced downwards and inwards; its impulse was only perceptible at the epigastrium, where also its sounds were best heard; they were free from roughness or murmur. I need not detain you with further details of the case on that occasion: the man improved much under treatment, and was discharged early in the year 1865. In December of the same year he presented himself again in the out-patient room, suffering from his former ailments. His breathing was more laborious, not only the muscles of the neck, but the abdominal muscles also, being now actively engaged in assisting the respiratory efforts. The sounds on percussion and auscultation remained much as before. He again derived benefit from treatment, and kept fairly well during the summer, but never lost the dyspnœa, and applied again for admission in January last (1867), when it was obvious at first sight that he was suffering from an attack of recent bronchitis engrafted on his chronic ailments, and that his respiration was unusually laborious even for such a condition. On the removal of his dress, the muscles in front of the neck and the abdominal muscles were seen to be in almost spasmodic action. The chest expanded very little, but was forcibly dragged upwards in front during the act of inspiration. The lower intercostal spaces were widened, but well marked, and at the moment of inspiration were distinctly drawn inwards. At the same moment the epigastrium was also drawn inwards and upwards in such a manner that the lower margin of the ribs formed a prominent ridge round the front of the abdomen. The chest was everywhere resonant, both in front and behind. Cooing râles were heard over the chest, with dry crackling as before at the third intercostal spaces, but no moist sounds. The heart-sounds were still normal, the skin cool, tongue clean, pulse 76, and respirations 26. The urgent bronchial symptoms having been first relieved by the use of sedatives and of the senega draught, I gave this patient also the syrup of iodide of iron in combination with small doses of strychnia. He is now in a much less distressing condition, but still suffers from extreme dyspnœa on the slightest exertion; and, indeed, I need scarcely tell you that no treatment can avail in such a case to restore the breathing even temporarily to any such comparative state of comfort as that attained by the patient H. B—— when last seen. The dyspnœa will continue, and be further aggravated by the fresh attacks of bronchitis from which the man will inevitably suffer on every fresh exposure to winter cold.

You cannot fail to have noticed, in the description of this patient's condition, the perversion of the mechanism of respiration, which existed in his case to an unusual extent, and to which I alluded as exhibited in a less marked degree by the patient H. B——. The lower aperture of the thorax, instead of being widened at the moment of inspiration, appeared to be narrowed; the lower intercostal spaces and the epigastrium were retracted, and the upper part of the abdominal walls drawn inwards and upwards, so that during the act of inspiration the margin of the ribs formed a prominent ridge. These phenomena are rare, occurring only in cases of emphysema involving extreme degrees of dyspnœa, and are indications of the comparative fruitlessness as well as of the violence of the inspiratory efforts. When, as in this case, the lower aperture of the thorax becomes narrowed instead of being dilated at the moment of inspiration, it would seem as though the depressed and flattened diaphragm produced by its contraction the effect rather of diminishing than of enlarging the capacity of the thorax, and thus of counteracting rather than of aiding the inspiratory efforts.

In concluding these remarks, I must remind you that, although, for the sake of clearness in explaining to you the different factors which may produce pulmonary emphysema, I have been obliged to divide cases of that disease into groups, according to the predominance of one or other of these factors, you will find in practice no such sharp lines of distinction. The two factors, degenerative change in the pulmonary tissues and mechanical over-distension of the vesicles by air, may and do combine, so to speak, in every varying shade of proportion; so that, although in an occasional case here and there, such as some of those I have selected for relation, the action of the one or of the other may have been so obviously predominant as to be entitled to rank as the exclusive cause, in the infinitely larger number of cases lying between these extremes it is often impossible to determine the precise degrees in which the two factors have respectively contributed to the result. We can only say with confidence that both have been at work.

SUCCEDANEA to COD-LIVER OIL.—M. Gubler, in his very useful book, "Commentaries on the new French Pharmacopœia," states that he considers the oils of squale et raie equal to that obtained from the liver of the cod. He even assimilates the latter to the livers of birds and mammalia, and maintains that the livers of the Strasbourg pies may be used with advantage, advising patients who dislike cod-liver oil to eat the livers of fattened birds.

SECONDARY SYPHILIS COMMUNICATED TO A WET-NURSE.

BY HENRY LEE, F.R.C.S.,
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A PATIENT and his wife lately came under my care. The man had had syphilis six years ago. He was then under the care of two hospital surgeons of acknowledged reputation. In six weeks he had a slight eruption on the skin; and six months afterwards he suffered from sore-throat. He took no mercury for the primary affection, but rubbed in some mercurial ointment for six or seven weeks for the secondary disease. There were no subsequent symptoms, and the patient, considering himself well, married four years ago. Three or four weeks after the first impregnation the wife had some spots on her hands; she subsequently lost her hair, and had inflammation of one eyelid. She miscarried with her first child after a fall. She became pregnant again fifteen months after her marriage, and had a dead child at the end of seven months. She then had a living child, which was apparently healthy. It however had an eruption on its skin at the expiration of a month, and died when eleven weeks old. A fourth child was born apparently healthy, and was given to a healthy young woman to nurse. Some spots appeared on the child's mouth when a fortnight old; and it subsequently had eruption in other parts of the body.

I saw the wet-nurse five months after she had commenced nursing the child. There was a circumscribed, oval, elevated, discoloured patch, covered with thick epithelial scales, an inch below and to the outer side of the left nipple. This was of much firmer consistence than the surrounding parts, but wanted the characteristic induration of primary syphilitic sores on other portions of the skin. A gland in the axilla was considerably enlarged, very hard, and accurately circumscribed. The remains of a well-marked, copper-coloured eruption were distinctly visible on different parts of the skin, especially upon the arms. The spot on her breast had commenced, she said, soon after taking the child to nurse. Her own child, which was quite healthy, she had not nursed. She had never suffered from any enlargement of the glands in the groin, nor from any local symptom. Her husband, whom I saw, appeared a perfectly healthy man.

I do not bring this case forward as illustrating any point which is not now perfectly well known; but it affords a very clear and distinct instance of the way in which secondary syphilis may be communicated, and that to more than one individual. Until recently it was held to be impossible that such communication could take place. Judging from the writings of medical men twenty years ago, this seems to have been at that time the almost universally received doctrine. It is greatly to be feared that the boldness with which medical men were accustomed at that time to lay down the law that every primary syphilitic sore must necessarily have proceeded from one similar in kind, has in many instances been the cause of the gravest and the most unjust accusations. The reputation of many a wife has been thus assailed in its tenderest point; the character of nurses has been impugned; and I could cite at least one case, which came under my own personal observation, in which a young maiden was accused of immorality, when she had been infected by using the same spoons and cups as her fellow-servant. In all such cases a double injury is likely to be inflicted. The patient has not only to suffer from a protracted disease which she had no means of avoiding, but is liable to have her fair reputation dishonoured into the bargain. It is to be feared that this cruel injustice has often been fostered, if it has not been originated, by erroneous surgical pathology. If such a serious evil does lie at our door as medical men, it becomes us at once to make what amends we can, and it is with this view that I have ventured to bring this subject before the profession.

There are also one or two points of a scientific nature that may not be unworthy of attention.

1. The character of the induration of the primary affection, as it appears to me, is different on the breast, and perhaps on the cheek, from that which is more usually observed. The affected portion of skin is doughy and elastic, giving the sensation of india-rubber rather than of cartilage. This induration, in the cases which I have observed on the breast, is not accurately circumscribed, but rather it fades gradually into the consistence of the surrounding parts.

2. The original disease in the husband, in the case related, was treated without mercury; and the secondary affection appears to have been so treated during a very inadequate length of time. This patient may probably have discontinued attending his surgeons of his own accord, on account of his predilection for homœopathy; but, as the case stands, it is not an encouraging one as regards the treatment of real constitutional syphilis by a *short* course of mercury; and still less does it tend to uphold the idea that this disease, in its origin, may safely be left to itself, as appears to be maintained by some who have lately written upon the natural history of syphilis.

Whether the lamentable results in this case are to be attributed to the want of treatment of the original affection; to the insufficient treatment of the secondary disease; to the patient having placed himself under a homœopathic practitioner before his surgeon dismissed him; or whether the similar results might have happened under any plan of treatment,—I shall not have time at present further to discuss: but I am, at all events, anxious that we should have a clear idea of the pathology of this disease. We may at least hope, if our medicines do no good (which, when properly administered, I am very far from admitting), that our theories shall do no harm; and to this point I would, in conclusion, for a moment revert. It almost always happens, when a fact supposed to be new is started, that it is shown within a few brief weeks or months to have been anticipated at some time or other, either in part or altogether. The theory of the communicability of secondary syphilis was held by many of the older writers, although they did not prove its correctness. The idea held possession of some of the best minds independent of any physical proof, as the atomic theory may have been received by many, independent of any chemical experiments. Our great English bard, who knew something of human physiology, although he never, so far as I know, made that his especial study, was quite at home on this subject. In "Measure for Measure," act i., sc. ii., Lucio has a controversy with a gentleman, who twits him with being "piled." Lucio confesses a most painful feeling of his speech, but retorts that "whilst he lives he will forget to drink after him." The gentleman says he is sound. But Lucio replies, "Nay, not as one would say healthy; but so sound as things that are hollow: thy bones are hollow; impiety has made a feast of thee." Shakspeare here clearly alludes to constitutional syphilis, and implies that it may be communicated by a drinking-cup, as in the case of the young woman to which I have referred. Could any doubt for a moment exist as to the nature of the disease to which he refers, it is removed by his allusion in the same passage to the "French crown," which in modern days, with more politeness to our neighbours, we render "corona veneris."

Savile-row, June, 1868.

CASES IN PRACTICAL SURGERY.

BY T. J. ASHTON,
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No. III.

STRANGULATED HERNIA.

THE cases in previous communications were those of immediate treatment of stricture of the urethra, and amputation of the thigh. The following relate to strangulated hernia relieved by operation.

Femoral hernia; strangulation; operation; recovery.—M. A. D——, a female, aged forty-nine, had had femoral hernia of the right side for upwards of twenty years; and although fully acquainted with the nature of her disease, she had never worn a truss. For three days previous to her admission into the infirmary she had suffered from complete constipation, attended with tenderness and increase in the size of the tumour; vomiting had supervened, which became stercoraceous soon after her admission. The symptoms being urgent, and several attempts to reduce the hernia having been made without success, my colleague, Dr. Randall, fully concurred with me in the advisability of an immediate operation. Accordingly, the patient having been brought under the influence of chloroform, I cut down on the sac, and the stricture, which was at the internal opening of the femoral canal, was divided by an incision directed upwards and inwards. The sac con-

tained a large piece of omentum, beneath which was a portion of small intestine, of a dark-chocolate colour; the latter was replaced within the abdomen, and the omentum, which was hypertrophied and adherent, was left in the sac. The edges of the wound were brought together with sutures and plaster, and a pad and bandage applied. No medicine was given. On the following and on each subsequent day the bowels acted freely, and a rapid recovery ensued.

Strangulated femoral hernia in a woman, aged seventy-six; operation; death on the eleventh day afterwards.—F. J——, a female, aged seventy-six, was seized with all the symptoms of strangulated hernia, which had existed several days previous to my seeing her. The patient was totally unaware of the existence of her rupture. On examination, deep in Scarpa's triangle of the right side was an obscure, doughy tumour, to which no impulse was communicated when the patient coughed, and she complained of only slight tenderness when it was handled. Her pulse was about 100; countenance composed, though stercoraceous vomiting was constant. The symptoms left no doubt on my mind as to the nature of the disease, and I determined to operate, although as regards the tumour itself some of the prominent characteristics of strangulated hernia were absent. Chloroform having been administered, I cut down on the tumour, and opened a hernial sac, containing a portion of omentum, much altered in structure, and adherent. Beneath this, and close to the neck of the sac, a small portion of intestine was seen, which receded within the abdomen immediately the constricting tissues were severed. The omentum was so firmly adherent that it was left in the sac, and the edges of the wound were brought together in the usual way, and a bandage applied. The patient slept well at night, and on the following morning the bowels acted naturally. She took food freely. For eight days the bowels acted regularly; her appetite was good, and her countenance cheerful, and she appeared to be progressing favourably towards recovery, with the exception that there was little attempt at union in the wound, which discharged a thin serous matter. On the ninth day it became evident that her strength was failing, and she died without any suffering on the eleventh day after the operation.

A post-mortem examination revealed a slough, about the size of a threepenny piece, in a portion of the ileum. The intestine was united to the abdominal parietes by adhesive inflammation, and the slough was opposite the wound, so that had life been prolonged, and the intestine given way, fæcal extravasation would not have occurred. No traces of inflammatory action existed beyond the immediate seat of injury.

Large irreducible inguinal hernia; strangulation; operation; recovery.—R. G——, aged seventy-four, a man of dissipated habits, had long suffered from irreducible inguinal hernia, which had descended into the scrotum, and distended it to the size of a child's head. When I saw him, strangulation had existed for four days; the tumour was very tense and painful, and stercoraceous vomiting was constant. The taxis having failed to reduce the size of the hernia or relieve the symptoms, the operation was at once proceeded with. An incision two inches in length was made over the neck of the sac, and the remaining structures were then divided, and the stricture incised by a probe-pointed bistoury guided on the forefinger of the left hand. The wound was closed by sutures, and a bandage applied. Immediately after the operation vomiting subsided, and he became free from pain. The case was not encouraging; for, independent of his age and dissipated habits, he had a severe attack of bronchitis complicated with gout, to which he was subject. No aperient medicine was administered; the bowels acted the day after the operation, and continued to do so regularly. He made a good recovery from his several maladies, and continues well at the present time.

Inguinal hernia; strangulation with urgent symptoms; operation; death from phthisis.—J. S——, a male, aged forty-nine, a patient in the infirmary in an advanced stage of phthisis, had been the subject of inguinal hernia for some years. On the morning of the 20th of February, 1866, he was seized with acute symptoms of strangulation. During a fit of coughing the hernial tumour became suddenly larger; and when I saw him at midday it was very tense and exquisitely painful; pain also extended over the abdomen, and he was unable to bear even slight pressure. Vomiting existed, the pulse was rapid, and his countenance had an aspect of extreme anxiety. Mr. Fuller had carefully applied the taxis, but without effect. The symptoms being urgent I at once had the man placed on the operating table; and the hair having been shaved off the parts, with the hand unsupported, the tenseness of the tumour not permitting the integument to be pinched up, I made an incision about three inches in length, commencing a little above and to the outside of the external abdominal ring, and afterwards carefully dissected down and exposed the sac, which was opened, and the forefinger of the left hand passed within the inguinal canal. The stricture was at its internal opening, and so tight as to render it somewhat difficult to get even the nail beneath it; but having done so, I guided a hernia knife beneath the constricting fibres, and divided them upwards. The sac contained some fourteen or sixteen inches of small intestine, which was of a dark-chocolate colour, but still retained its glistening appearance. As is usual when so large a portion of the intestine is protruded, it required a little tact to return it within the abdomen, and to retain it. This being accomplished, the edges of the wound were brought together with sutures and plaster, and a bandage applied. The patient was removed to bed, and a large but thin linseed poultice applied over the abdomen. Immediately after the operation all the symptoms abated, and by the evening but little tenderness of the abdomen remained. He slept soundly during the night, and by the following morning all cause of apprehension from the rupture had passed away. The bowels not having acted by the third day, a dose of castor oil was administered, which was all the medicine he took with special reference to the surgical disease; and, as far as the hernia was concerned, he progressed favourably, and the wound was nearly healed, but he succumbed to the pulmonary disease, dying nine days after the operation.

A post-mortem examination revealed extensive tubercular disease of the lungs. There was nothing to indicate the portion of the intestine that had been strangulated, the visceral and parietal peritoneum being perfectly free from any trace of inflammatory action.

Strangulated femoral rupture; herniotomy; rapid recovery.—M. K——, aged forty, a married woman, was admitted late at night into the Marylebone Infirmary with symptoms of strangulated femoral hernia. She was seen by Mr. Fuller, the resident surgeon, who ordered her to have a hot bath, and subsequently applied the taxis to a swelling in the left groin, but without effect in reducing its size or relieving the symptoms.

Two years prior to her admission to the infirmary she had perceived a swelling in her left groin, which increased on exertion and disappeared on her assuming the recumbent position. She sought advice, and was informed of the nature of the affection, and recommended to wear a truss; this she neglected to do, as when the tumour descended she was always able to put it back. Two days before being operated on the rupture came down to a greater extent than usual, and she was unsuccessful in her attempts to return it.

Early in the morning after her admission I saw the patient with my colleague, Dr. Randall. A tumour, the size of a hen's egg, occupied the left groin; it was elastic to the touch, immovable on the deeper parts, and tilted abruptly upwards over Poupart's ligament, producing a sharp and deep sulcus between it and the subjacent textures. Her countenance was anxious, her pulse quick, and the skin was somewhat hotter than natural; her bowels had not acted for five days. Vomiting had been frequent, but was less the night of her admission to the infirmary, and she had slept at intervals. It being evident that an operation was necessary for her relief, she was at once placed under the influence of chloroform, and I then cut down on to the neck of the sac and divided a very tight stricture. A coil of small intestine, highly congested, occupied the sac; it was returned within the abdominal cavity, and the wound closed in the usual manner. No medicine was prescribed. Directions were given to keep her quiet, and her diet was to consist of arrowroot and beef-tea. Soon after the operation all anxiety of countenance disappeared; her pulse improved; and on the following day she was quite free from pain. The bowels acted on the third day, and she was then permitted a meat diet, which she took with relish. In a week she was able to leave her bed, and in a few days afterwards the wound was quite healed.

AN Orkney paper reports a singular case of strangulation in the island of Stronsay. An old man, named Neil Macpherson, who was carrying on his back a bag containing 2¼ stone of sugar, turned into a stable to rest himself. To lighten his burden he allowed the bag to rest on the edge of a manger, but whilst he was momentarily off his guard it fell to the ground, and the rope by which it was slung over his shoulder tightened round his neck and killed him.

REPORT OF A CASE OF

ANEURISM OF THE ARCH OF THE AORTA SIMULATING THAT OF THE CAROTID.

DISTAL OPERATION.

BY H. KNOWLES,
SURGEON TO THE POPLAR HOSPITAL.

SEPT. 3rd, 1867.—Wm. S——, excavator, aged forty-two, complained of cough, dyspnœa, severe lancinating pain, referred to the sixth intercostal space, when he throws his head back. On examination I found a pulsating tumour the size of a small walnut, extending upwards for an inch above the right sterno-clavicular articulation. He told me he had been using a pick much lately, and first noticed the swelling early in June. I ordered him to rest, and take of iodide of potassium ten grains, in an ounce of camphor mixture, four times a day.

10th.—The tumour seemed somewhat firmer. He has fatty degeneration of the cornea. On auscultation I heard a double aortic bruit; first sound of heart duller than usual; pulse 80, hard and jerking. After due consideration I suggested an operation to him.

Oct. 22nd.—I had not seen him for six weeks. When he called on me to-day he said he found his symptoms getting worse daily. The tumour is larger, pulsating stronger. I again proposed to operate, to which he gladly consented. I ordered him to keep perfectly quiet, and take of iodide of potassium fifteen grains, with one drachm of simple tincture of bark, in water, three times a day. Diet: beef-tea, milk, and stout.

27th.—Health improved. To continue medicine.

31st.—Much dyspnœa, and pain felt in the stomach after meals. I decided on operating to-morrow. To take an aperient at bedtime.

Nov. 1st.—I met Dr. Bain and Mr. Barrett, surgeons to the Poplar Hospital, and Mr. Clouting, at my patient's house at one P.M. On examination the tumour was considered to be an aneurism of the carotid, and as we thought the innominate was involved I resolved to do the distal operation. Dr. Bain discovered another aneurism of the left subclavian, the size of an almond shell. The heart's action being very tumultuous we declined giving chloroform. I then proceeded to operate in the usual manner, and tied the vessel half an inch above the omo-hyoid. The patient bore the operation with remarkable fortitude, and lost barely half an ounce of blood. The dressing applied to the wound was the carbolic acid, &c. (Professor Lister's method). Five P.M.: He was breathing easily, free from pain, but was very sleepy; he expressed himself as feeling very comfortable. Nine P.M.: Not so well; pulse 100, hard and jerking; skin moist. On auscultation, large crepitation; much wheezing; cough; expectoration glairy, like white of egg; respiration hurried; urine cloudy. Ordered him an expectorant mixture. Milk diet.

2nd.—Pulse 104; feels better. Tumour firmer; less impulse. Passed a restless night; less wheezing; cough relieved. To continue medicine. Diet: As much beef-tea as he can take, and three glasses of port-wine daily. Five P.M.: Better; pulse 92.

3rd.—Passed a good night; pulse 82.

4th.—Pulse 80; cough better; expectoration copious; urine loaded with lithates.

5th.—Pulse 80; cough better; complains of much pain over the right side of head; tumour still pulsates much; says he coughs much less when in a sitting posture. Ordered him to be dressed and to sit up. Changed the dressing; the wound looked healthy. Bowels constipated. To continue cough mixture, and have the iodide of potassium with bark as before.

6th.—Pulse 80; bowels acted; pain in the head relieved; coughs much less when sitting. To get up daily.

7th.—Continues the same. To have beef-tea, one pint of milk, and four glasses of port-wine daily.

10th.—Till to-day he has been improving. Passed a restless night; pulse 90; hurried respiration; cough worse; dyspnœa increased.

11th.—Pulse 80; better.

12th.—As he still coughs a great deal I placed a graduated lint compress below the ligature, and fixed it firmly with strips of plaster, to relieve the stress on the ligature during coughing.

16th.—During the last four days he has much improved. To-day the ligature came away; the wound is nearly healed, the tumour firmer, and the gastric symptoms quite relieved.

Dec. 3rd.—During the last fortnight he has been steadily improving, and the last few days been out for a short walk.

4th.—I visited him to-day. During my stay he fell down in an unconscious state; conjunctivæ injected, face turgid, pupils greatly contracted, breathing stertorous. The tumour became quite empty and remained so half an hour after returning consciousness, then refilled, and continued pulsating.—4 P.M.: Complete hemiplegia of left side; loss of both motion and sensation; muscles rigid; loss of sight of both eyes; delirious.—6 P.M.: Continues to get worse.

5th.—Pulse 120; tumour pulsating. The patient keeps beating the bed with his right hand.—10 P.M.: Died comatose.

His wife objected to a post-mortem examination, but gave me leave to open the neck. On doing so I found the tumour to be an aneurism of the arch of the aorta. I removed as much of the sac as practicable. The carotid was occluded for an inch and a quarter below the position where ligatured, and two or three small circular ulcers were to be seen in the internal wall of the sac.

The interesting features this case presents were, the duration of life, the marked effect of the operation on the tumour, the relief of the gastric disturbance, and the cause of death, which I have no doubt was apoplexy, although the fatal result is more commonly due either to embolism from valvular disease, or, oftener still, to softening from mal-nutrition. But I think that apoplexy was the cause for the following reasons:—The fact of a well-marked arcus senilis; the situation of another aneurism in the left subclavian—which leads me to think there must have been some lesion of one or more of the arteries of the brain; the presence of aortic, and the absence of mitral disease; and the fact that the intellect continued clear up to the hour of the fit.

Barking-road, Canning-town, May, 1868.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF ACUTE RHEUMATISM; HIGH TEMPERATURE; SUDDEN DEATH; POST-MORTEM APPEARANCES.

(Under the care of Sir WM. JENNER.)

WE have referred more than once lately to a class of cases of which the following, derived from notes kindly supplied by Mr. G. Vivian Poore, physician's assistant, is a good example.

Julia M——, aged seventeen, a general servant, admitted May 22nd, 1868. She states that on the 19th she felt pain in her right ankle. On the 20th she suffered in both ankles, as well as her knees and wrists, and complained of considerable thirst and headache. On the 21st, all the large joints, hips, knees, ankles, shoulders, elbows, and wrists, were affected, and she was brought to the hospital on the 22nd.

On admission she was suffering intense pain, cried out frequently, and complained of the weight of the bedclothes on her arms and knees. Patient was a strongly built girl, rather fat. Face flushed, and of a somewhat cyanotic tint; skin hot and moist. There was considerable heat about the joints, especially the knees, but no marked redness or enlargement. She cried out when touched on the limbs or trunk. Heart's apex impinging in normal position; no increase in cardiac dulness; no murmur. Tongue covered with a thick white fur; bowels confined since the 19th; has not vomited; pulse 120, of good volume; respirations 34; temperature (11.30 A.M.) 103°; urine free from albumen. Ordered to have the affected joints wrapped in cotton-wool covered with oiled silk, and to have linseed poultices constantly applied to the region of the heart. Also to take at night a powder composed of four grains of calomel and ten grains of compound ipecacuanha powder; and in the morning a draught containing four drachms of sul-

phate of magnesia, ten grains of carbonate of magnesia, fifteen minims of colchicum wine, ten minims of spirit of chloroform, and one ounce of peppermint-water. Diet: Strong beef-tea, two pints; milk, two pints. The temperature at 10 P.M. was 104·6°, and the pulse 120.

May 23rd.—Slept very badly, and was delirious the greater part of the night. Her bowels not having been opened by one P.M., she was ordered an injection of castor oil and gruel, which was speedily followed by a copious evacuation of the bowels. Her pulse being rather weaker than on the previous day, six ounces of sherry and four eggs were added to her diet, and in the evening it was thought advisable to increase the sherry to twelve ounces (one ounce every two hours). She was restless and delirious throughout the day, and these symptoms increasing towards evening, she was ordered twenty grains of bromide of potassium with ten minims of spirit of chloroform, to be taken every second hour. She took three doses (at six, eight, and ten o'clock), and slept tolerably for two hours and a half. Temperature, ten A.M., 104·8°. Pulse 120. Respiration 50. Temperature, six P.M., 105·6°; nine P.M., 104°.

24th.—Restlessness and delirium more marked. Ordered ten minims of laudanum every two hours for six hours, making thirty minims in all. This had no perceptible effect upon her. Her pulse being weaker, she was ordered half an ounce of brandy every hour in lieu of the sherry. Her temperature gradually rose throughout the day; her delirium increased, and she died somewhat suddenly at half-past five on the morning of the 25th, with symptoms of extreme dyspnœa. For the last eighteen hours of her life she tossed about in bed, and seemed utterly to disregard pain. No cardiac murmur was at any time audible. She took her nourishment well, and never vomited. After the first day of admission she passed her urine under her in bed. Temperature, ten A.M., 105°. Pulse 112. Respiration 84. Temperature, seven P.M., 107·4°. Pulse 132. Respiration 44. Temperature, eight P.M., 107°; eleven P.M., 107°.

Autopsy, eleven hours after death.—Weather hot; tint of face strongly cyanotic; extreme hypostatic congestion of the skin of back and loins; rigor mortis well marked. The pericardium contained about an ounce of slightly turbid yellow serosity. White patch on the anterior surface of the heart; one or two small patches of recent lymph on the right margin of the heart. On the parietal pericardium and on the back of the heart itself were several ecchymoses about the size of a pin's head.—Heart: Right side healthy. There was a slight ecchymosis on the corpus arantii of one of the aortic valves, and some slight roughening on the free margin of the mitral valve. The substance of the heart was of a firm consistence and natural colour.—Lungs: Both lungs were extremely congested throughout, and more especially so at the bases posteriorly, where the tissue was almost airless. There were some old pleural adhesions on the right side.—Liver: Congested and breaking down rather too easily on pressure. Kidneys: Natural size, very firm, tough, and pale; the cortical substance cloudy and opaque; capsules separated with ease.—Spleen: Normal size, very soft, and pulpy.—Stomach: Extremely congested. The mucous membrane was thickened, soft, cloudy, and easily torn with the nail. In the submucous tissue of the pyloric half there were innumerable spots of ecchymosis, varying in size from a pin's head to a small pea, closely aggregated, and giving the appearance of one large ecchymosis as big as the palms of two hands.—Brain: Veins of the pia mater rather over-full. One small cloudy patch on the pia mater over the left hemisphere, probably old. The ventricles contained about a normal amount of fluid.—All the big joints of the body were opened. Both knees contained about half an ounce of a yellowish-green, slightly turbid fluid, which under the microscope was found to contain pus-corpuscles. The crucial ligaments, especially on the left side, were very hyperæmic, as was also the synovial membrane at the margin of the articulating cartilage of the femur. A similar fluid was found in the right elbow and in both hips; but no marked hyperæmia. In the left elbow and wrist and in both ankles no fluid was found; but each of these joints contained a small yellowish-green membrane, closely crumpled up, without attachments, and removable on the point of the knife, giving one the idea that it had resulted from the inspissation of a fluid like that found in the other joints. The right wrist was healthy.

LONDON HOSPITAL.

A CASE OF LIGHTNING CONCUSSION.

(Under the care of Dr. RAMSKILL.)

THE following case came under our notice when visiting the hospital a few days since. Mr. George Mackenzie, the resident medical officer, was good enough to give us some particulars respecting the man's condition upon admission.

E. H——, aged twenty-four, ticket clerk, an active muscular man, of previous good health, was seated giving out tickets at the Fenchurch-street Station on Friday, May 29th, during the violent thunderstorm which broke over the metropolis on the afternoon of that day, when he suddenly fell to the ground, and his chair was turned over. He was carried on a stretcher to the hospital, and was immediately seen by Mr. Mackenzie, who found him lying on his back, with his head thrown back, face and eyes suffused, respiration quick, pulse feeble and numbering 120. His pupils were equal, of normal size, and acted well. His skin was hot. He did not move, or volunteer any statement; but on being roused and questioned he pointed to the right iliac region, and said that he had pain there. There was no indication of paralysis. He was put to bed. Later in the afternoon, when again seen by Mr. Mackenzie, he shivered now and then, and there were twitchings about his mouth. His speech was thick and indistinct, and he complained of pain around his head, and said that it was all dark before his eyes. The ophthalmoscope showed nothing abnormal. His respiration occasionally resembled that of an hysterical woman. The abdomen was somewhat tympanitic, and, although he complained of pain in one spot only, he was sensitive to pressure all over it. Indeed, there was throughout the body some hyperæsthesia. At this time his pulse was 100. He slept well at night. Next day he was tremulous and excited, and said he had cramps in the legs. The persons who picked him up and carried him to the hospital said that when on the floor at the station he struggled violently, as though in a fit.

We saw him on June 3rd. He was then up and about the ward, and recovered, except that he had still some headache and giddiness. He was decidedly deaf, too, especially with the left ear, and his manner was absent. He told us that he saw several flashes of lightning, and suddenly found himself on the floor, with the chair also fallen. He remembered nothing from this time till he found himself in bed late in the day.

Last summer a woman, about forty years of age, was admitted into the National Hospital for the Paralysed and Epileptic, under Dr. Ramskill's care, who had been struck by lightning a few days previously. She lost her senses at the time, and was carried home with some difficulty, as she was very stout and heavy. Her condition on admission was as follows:—There was almost complete paraplegia, but sensation as regards touch and pain and temperature was unimpaired. Electro-motility of the muscles was somewhat deficient when tested by the induced current. There was no affection of the bladder or rectum. She was treated without medicine, but first by the continuous current, and afterwards by faradisation. She remained in the hospital for two or three months, and quitted it quite well.

We may conveniently note here the case of a man who applied a week or two ago to Dr. Buzzard, at the National Hospital for the Paralysed and Epileptic, for hemiplegia, which he stated arose suddenly from a stroke of lightning.

Fred. S——, aged twenty-five, a sailor, was at the mast-head of a ship in mid-channel last Christmas-day, when a storm broke, and he was struck, he says, by lightning. He did not apparently lose his senses, for he heard the thunder which succeeded the flash; but he felt sick, and found that he could not use his left arm and leg. He held on tightly with the other extremities till assistance came, and he was helped down on to the deck. According to his statement, the paralysis of his arm increased in a few hours, but he never entirely lost the use of either arm or leg.

When he applied to Dr. Buzzard five months afterwards, he dragged the left leg, and had very little power in the left arm. There was rigid flexion of the fingers of this hand, which he could not voluntarily overcome, but which could be mastered with some difficulty by his other hand. His face was slightly drawn to the right side. There was not, and, according to his account, had not been, any loss of tactile sensibility.

GUY'S HOSPITAL.

DISEASE OF THE RIGHT ANKLE-JOINT; REMOVAL OF DEAD BONE; RECOVERY OF A USEFUL LIMB.

(Under the care of Mr. JOHN BIRKETT.)

IT is rarely that so great a success attends an operation on the ankle-joint as the following case illustrates. Besides, it

demonstrates that it is not always necessary to cut off the articular ends of the bones which enter into the formation of the diseased joint, but that the surgeon may be content to take away those dead pieces of bone which have been cast off by natural processes.

The man, twenty-two years old when admitted into the hospital, had been a private in the 74th Highlanders for three years and a half. This period of service he passed in Scotland and India. In the last-named country he served two years. Whilst there he twisted his right ankle at drill. Previous to that accident, which happened at Madras in Nov. 1863, he had enjoyed uninterrupted good health. He was in hospital for two years, during which the joint was greatly swollen and very painful. Blisters, iodine, and poultices were applied. Having been discharged the army and sent to England, he was received into Netley Hospital, and, after remaining a short time there and visiting his friends, he entered Guy's Hospital in Oct. 1865. Splints were applied, compound mercurial cerate laid over the joint, and leeches employed. Under this local treatment and appropriate constitutional measures his health improved, and, the local pain having abated, he left the hospital the following December. Some weeks afterwards the skin became inflamed, and an opening formed below the outer malleolus, through which puriform fluid escaped. A second opening subsequently formed behind the inner malleolus, and a third in front of and a little below the external malleolus.

This patient came under the care of Mr. Birkett in October, 1866. The whole joint was swollen, the integuments red, the pain it occasioned severe, and the man's general health impaired. The three sinuses above described existed, and with a probe dead bone was detected lying in relation with the one last formed. A semilunar incision of the integuments and tissues was made between the openings of the sinuses in front and behind on the outside of the joint, and below the pointed end of the fibula. By this means the interior of the ankle-joint was exposed by inverting the sole of the foot. Several fragments of dead bone were removed; but it was impossible to decide to which bones they formerly belonged. The wound was brought together by strips of wet lint, and the immobility of the part maintained by suitable appliances. Relief from pain was immediate and very marked. His general health improved, the wound was healing favourably, and, although cicatrisation was not perfect, he left the hospital in February, 1867. The limb was kept perfectly quiet, no more pieces of bone came away, and in June the wound was soundly closed. The foot was not put to the ground until December, 1867. In January of this year he walked a few yards without the assistance of crutches, and with a stick only. In February last he walked a mile without feeling any inconvenience, he could stand erect on the foot, and strike the ground firmly. There was a sound and healthy cicatrix in the line of the incision; and slight flexion and extension of the foot were permitted.

Reviews and Notices of Books.

On Diseases of the Chest: being Contributions to their Clinical History, Pathology, and Treatment. Part I.: Diseases of the Lungs. Part II.: Diseases of the Heart, and Thoracic Aneurism. By A. T. H. WATERS, M.D., F.R.C.P. Lond., Physician to the Northern Hospital, and Lecturer on Physiology at the Royal Infirmary School of Medicine, Liverpool. London: Churchill and Sons. Liverpool: Adam Holden. 1868.

THIS is a work of very great merit. It is not a systematic treatise on diseases of the chest; but it treats of so many of these diseases as pretty well to include the author's views of them all, and of the principles upon which they should be treated. Much of the book is in the pleasant and practical form of clinical lectures. Other chapters, such as those on Emphysema, have already appeared in a separate volume. We are glad, however, that Dr. Waters has collected his various deliverances on these subjects and published them in a volume which must take rank with the standard works in this department of medical literature. The book is at once original and authoritative. There is a fine variety of value in it. It is the work at once of a minute anatomist, a sound physiologist, and a most sagacious physician. Different readers will consult the book for different purposes and with varied degrees of pleasure. But we may venture to express a hope that it will gain admission largely into the libraries of general practitioners, who will find themselves, after the reading of it, clearer in their conceptions of the pathology of these diseases, and greatly strengthened in the therapeutical management of them.

Having expressed ourselves thus, and very earnestly, in approval of Dr. Waters's work, it is the less necessary that we should go into much detail either of analysis or approval. The parts which seem to us specially worthy the attention of physicians are the chapters on Pneumonia, on Emphysema, on Pleurisy and Pleuritic Effusion, on Phthisis, and on Fatty and other Diseases of the Heart. When it is considered how largely these various affections enter into medical practice, and how often some of them drift into chronic states which foil and harass the medical man, the value of a book like this will be more readily appreciated.

The chapters on Pneumonia are perhaps the most valuable contribution to the elucidation of the subject since Dr. Bennett's cases and views were published. They go to confirm these views. They show that under a discriminating treatment this disease is not a fatal one, but one highly creditable to the medical art. The chief positive particulars of this treatment are: the support of the patient in all cases by nourishment, and in many cases by some form of alcohol; the occasional use of opium for the relief of sharp pain; the use of fomentations and poultices, and the frequent use of ammonia and chloric ether. The negative features of the treatment are equally noticeable, and consist in the absence of bloodletting, of mercury, and of powerful purgatives. There is no room for contention about the rightness of this treatment, for of forty-four cases only one died.

The articles on Emphysema are exhaustive and lucid. They constitute one of the best accounts of the disease which can be read. Dr. Waters does not adopt any exclusive theory of the malady. He thinks the milder and more partial forms of emphysema are most frequently found in connexion with the cough of bronchitis and similar states. He admits that the severer cases of the disease are not to be so explained. After describing such cases in which there had been little cough, and in which no collapse of any part of the lung-tissue is found post mortem, he says:—

"To what mechanical cause, then, are we to attribute the distension of the lungs under the circumstances just mentioned? From the non-existence of cough and bronchitis, and the prevalence of emphysema throughout the entire lung, we cannot attribute any effect to expiratory efforts, and I am disposed to think that the distension is brought about by inspiration; that the lung-tissue, being in an unhealthy condition, and abnormally weak, gives way before the pressure which it would in a state of health resist; that, having once yielded, it is unable to recover itself, from having lost its elasticity. Consequently, it undergoes further distension as increased efforts are made to dilate the chest in order to meet the requirements of respiration; until, at length, the thorax having reached its extreme point of dilatation, no further enlargement of the lungs can ensue."—p. 143.

We especially commend the chapters on the Treatment of Pleurisy to careful reading. While tending to shake the reputation of mercury in such cases, they go to demonstrate the utility of medical treatment in controlling vital actions and their mechanical results.

We have got to the end of our space without noticing many important points in Dr. Waters's physiological and medical views. We can only indicate some of these as worthy the attention of readers, especially his chapters on the production of the heart sounds, and his objections to the prevalent theory of the first sound; and his views of the great value of iron in bad emphysema, in cases of fatty heart, and other serious states of chronic disease.

Faraday as a Discoverer. By JOHN TYNDALL. London: Longmans. 1868.

SUCH is the title of a little book by Professor Tyndall; and it is needless to add that it is written in clear, vigorous English. Faraday was a man of the loftiest aims, and he was probably one of the greatest experimental philosophers the world has ever had. His character as a man of science, and the extent to which science is indebted to him, and the nature, method, and the succession of his discoveries—all these matters the reader will find well told in this volume. And yet we are disappointed with it. It is true that Professor Tyndall disclaims all idea of writing Faraday's life; still, from what we have heard of the man—of his manly, simple, and affectionate nature,—we wanted, as a picture of Faraday, something *warmer* in tone. Here was a man who, in Prof. Tyndall's language, was equally rich in mind and heart; and the fairest traits of whose character formed a perfect illustration of that sketched by St. Paul. For he was "blameless, vigilant, sober, of good behaviour, apt to teach, not greedy of filthy lucre." And this description everyone would at once concede to be no mere panegyric as applied to Faraday, but the simplest truth. The world knows him as a discoverer, and it wants to know him as a man; and that information has yet to be afforded in a short, simple, and tender sketch of him.

The Journal of Anatomy and Physiology. Conducted by G. M. HUMPHRY, M.D., F.R.S., Professor of Anatomy in the University of Cambridge; and WM. TURNER, M.B., Professor of Anatomy in the University of Edinburgh. Second Series. No. II. May, 1868. Macmillan and Co., Cambridge and London.

THIS is a really scientific journal, and it is very ably conducted. We cannot pretend to enumerate, much less analyse, all the contributions. They are by men of reputation as anatomists and physiologists; and the illustrations are extremely good. The present number contains papers by the Editors, Prof. Huxley, Prof. Cleland, Drs. A. C. Brown and Frazer, Prof. Strangeways, Dr. Wm. Murray, Dr. Davidson, and many others; besides Reviews and Notices of Books, Reports on the Progress of Anatomy and Physiology, and Notices from Dutch and Scandinavian Works by Dr. Moore.

A Scheme of Medical Tuition. By E. A. PARKES, M.D., F.R.S., &c. London: Churchill and Sons. 1868.

THIS is a reprint of Prof. Parkes's papers on medical tuition published in this journal. We have already expressed the high opinion we entertain of his scheme; and we are glad, therefore, to see that he has republished his views in a separate form. The author's position and reputation as a teacher, no less than his great experience as an examiner, justly lend great weight to his opinions; and those of our readers who are interested in the subject and have not already perused his scheme, ought to do so.

REPORTS
ON THE
ADMINISTRATION OF OUT-DOOR MEDICAL RELIEF IN THE METROPOLIS.

No. III.

IT is desirable to rectify a slight error made in our first report in reference to the want of technical uniformity in orders for medical relief. We stated that there is a list occasionally made of aged and infirm persons entitled to medical relief without a special order. No possible objection could be made to such an arrangement, which is calculated to save trouble to all parties, and especially to the permanently disabled poor, who are continually on and off the books. It would also give additional value to the statistics of medical relief. From the observations of a clerk we were led to suppose that this arrangement had been recently introduced, but his remarks were misunderstood. No such lists are made with this object. In other respects the report on this subject is correct.

The guardians are ordered to divide the parish or union under their management into districts for general and medical relief, and the Poor-law Board directs (General Consolidated Orders, art. 159) that they shall not assign to any medical officer a district which exceeds in extent the area of 15,000 statute acres, or which contains a population exceeding the number of 15,000 persons according to the then last census. In an instructional letter, the Board further states that in many districts, containing almost exclusively a poor population, even the limit of 15,000 persons may admit of a number of patients too large for the care of one medical officer, and it recommends the guardians to divide such districts into two. The Board therefore guarded itself against the implication that it would sanction a district containing less than 15,000 persons in all cases. These orders were originally issued to the parishes and unions in the metropolis not under local Acts, but the Board has now full power to issue them in every case.

With respect to area, it is manifest that there is no possibility of any metropolitan district being so large as 15,000 acres. Nevertheless, they may be much too large. There are several districts two and three miles long. A pauper patient at Holloway, for example, would have to send to Liverpool-road for an order, nearly three miles; then take it to St. Paul's-road, one mile; and then the messenger would return home, two miles and a half. After the visit of the surgeon the messenger must be again sent to Liverpool-road for medicine, another five miles at least, making a total distance of more than ten miles. The same remark applies to the residents of Ball's-pond, Highgate, and King's-cross, all of whom have to go to Liverpool-road for orders and medicine. These arrangements are about to be modified, and we trust they will be so altered as to make it easy for the sick to get their orders and medicine promptly. In the parish of Hackney the districts are still more extensive, for, with an area of 3929 acres, there are only four medical officers; whereas in Islington, with 3127 acres, there are eight. Even in St. Pancras the districts are much too large; and the same remark applies to some of the districts in Newington, Greenwich, Mile-end, and Poplar. We were informed that Mr. Corbet has recently recommended an additional dispensary in Mile-end, and that the guardians rejected the proposal on the ground that facilities for obtaining medical relief lead to its increase and to pauperism. But surely repressive measures in the case of sickness are a great mistake. To deter a man from obtaining the help he requires but cannot provide himself, by placing distance and difficulties in his way, is the great blot of the Poor-law system. True discrimination cannot be secured by any self-acting or deterrent rules, but must be exercised by the relieving officers. We are therefore gratified to learn that the Mile-end guardians, frightened at the enormous increase of medical relief, have resolved to employ a special relieving officer in order to check this growing evil; and we hope that the recommendation of Mr. Corbet will again be entertained.

Besides the impossibility of supervision, extensive districts involve other important evils. In acute cases distance often presents a serious obstacle to getting prompt assistance, the patient dying before the medical officer can possibly arrive. We have reason to know that a district may be so large that the medical officer cannot visit the whole of it in a single day. He therefore visits half one day, and the other half the next. Private medical practitioners in the neighbourhood are asked under these circumstances to prescribe for urgent cases, and it is clear that neglect is likely to occur. If subject to inspection such evils would instantly be seen, and could never be sanctioned by the Poor-law Board.

Extensive districts are also a great hardship to the aged and infirm poor, who are prevented by distance from visiting the medical officer as often as their ills require, and the medical officer's trouble is increased to visit them at home. Moreover, it is difficult or impossible to obtain the necessary supply of medicine. We have repeatedly known the poor to give a portion of their scanty relief to messengers for the doctor; and in one district we were informed that a child was regularly employed to fetch the medicine from the dispensary, more than two miles off. We have even seen a portion of the relief intended for the restoration of the patient diverted to the messenger for medicine, when there was no other source of recompense.

In conclusion, we would earnestly impress upon the Poor-law Board the necessity of curtailing the area of many districts; and we would respectfully suggest the issue of an order that a public dispensary should be placed within a mile of every pauper's residence. The subject of population is of still greater moment, and will be discussed in our next Report.

The Lancet Sanitary Commission

ON THE

STATE OF THE BARRACKS OF THE HOUSEHOLD CAVALRY.

No. I.—REGENT'S-PARK.

THE British public is capable of embracing only one idea at a time. It would be dull without a grievance. It grumbles with a will; but it is easily appeased, and even a show of gratification often gives a quietus to its reforming energies. After the Crimean war a great cry was raised as to the treatment of the soldier. His food, clothes, arms, and accoutrements were necessarily altered, and it is to be hoped improved; and then, attention having been drawn to the fearful mortality of troops in barracks, a Commission was issued to inquire into and report upon their state. A horrible want of sanitary conditions was almost everywhere disclosed: barracks were found to be ill placed and worse arranged; soldiers were eating, drinking, and sleeping in overcrowded and ill-ventilated rooms. There was all but an entire absence of any intellectual amusements, and the unfortunate privates wasted their means and lives in the low debaucheries of the street and the public-house.

Nor were the efforts of the Commission useless. The principles of constructing and ventilating barracks have been clearly laid down. Improvements of all kinds have been effected. Libraries and gymnasiums have become general. The soldier's habits and character have been improved, and his life of usefulness materially prolonged. Indeed, there is now such a perfect system of inspection and sanitary reports in active operation as might well satisfy a reasonable public that an ill-constructed and unhealthy barrack was nowhere to be found. Would that it were true, and that red tape and circumlocution were so easily destroyed. The public will learn, however, with equal surprise and indignation that there exists a class of soldiers who have never enjoyed the advantages of these arrangements; for whom the Barrack Commission has been held almost without result; whose hospitals are furnished in the same miserable fashion as they were fifty years ago; whose medical comforts are provided by their officers and not by the Government; and in whose buildings no medical inspector ever enters with the right to insist upon reform. The Guards form the *élite* of the army, with special privileges and pay; but it would appear that their privileges consist in being exempt from the ameliorations which have reached the common soldier. We propose, in the present article, to conduct our readers over the barracks near Regent's-park, the interior of which exhibits a sad contrast to the gaiety and smartness of the noble Household Regiment which issues from its gates. We propose to see how 400 of the finest specimens of our race, brought together by the temptations of high pay, sumptuous equipments, and firm but kindly discipline, are lodged.

The barrack occupies a space of about eight acres, and is situated on the banks of the Regent's Park Canal. The soil is a strong clay, and a fortune has been spent in the vain attempt to drain it, and make the surface reasonably dry. On entering the parade-ground, we were struck with the fact that none of the drains were trapped. This evil is, however, about to be remedied; but it is curious that so simple a precaution against disease has not been taken long ago.

The men and horses are lodged in three separate blocks of buildings—the horses on the ground-floor, the men above. There can be little doubt that this is an objectionable arrangement. The effluvium of the stables penetrates the floors, and enters the windows and ventilators of the rooms above; moreover, the ground is badly paved, and thus becomes saturated in the neighbourhood of the stables with ammonia and horse-manure, which cannot be otherwise than detrimental to the comfort and health of the men. Cavalry officers, however, seem to prefer this arrangement; but, if sanctioned, it appears to us that there should be an extension of the space and ventilation ordinarily allowed, and that dining and day rooms should be certainly placed elsewhere.

In the centre of each block a narrow staircase leads to a dark and ill-ventilated corridor, some four feet wide, which runs down the centre of the building from end to end. The barrack-rooms are placed on each side, being separated from the corridor by wooden partitions, with a small window here and there near the ceiling. They are all alike, and are calculated to give 600 cubic feet to each of eleven men; but a large amount of space is taken up by bedding, clothes, cupboards, furniture, &c. &c. The swords and accoutrements are also placed around the walls. Each man has a private box against his bed, and in the centre of the room is a coarse barrack table, surrounded by wooden benches, which are the only seats allowed. There are neither lavatories, urinals, nor water-closets close at hand. At night wooden buckets are placed in the corridor, and, as all lights are extinguished at half-past ten, it often happens that they are upset by men coming in late or groping in the dark. If more accommodation is required, the men are compelled to descend the staircase, and go across the yard to the ordinary latrines. An attempt has been made to ventilate these barrack-rooms by introducing Captain Galton's stove, Sherringham's valves, and some curious openings in the ceilings. The attempt, though evidently well meant, is a failure; and, except when the solitary window is widely open, as it now is both night and day, the air is foul in the extreme.

The floors of the barrack-rooms are strewed with sand, and there are no scrapers or door-mats for the men to clean their feet upon before they enter from the stables. The traffic in and out is constant, and the rooms are only kept clean by an enormous expenditure of labour and supervision. In these rooms the men have to eat, drink, sleep, and dress. There is neither day, dining, nor recreation room properly so called. There is a library, capable of accommodating some twenty or thirty readers; and there is a canteen, which in its general appearance and appointments is incomparably worse than the lowest Tom-and-Jerry beershop in the east of London. The solitary means of amusement is a skittle-ground, which has been erected by the men; and the colonel stated that, if they wanted to be comfortable, they must dress up and go to the public-house; and this, it must be remarked, notwithstanding the most strenuous efforts of the officers, well seconded by the men, to ameliorate the discomforts of their position.

At one end of the barrack block are the quarters of the unmarried non-commissioned officers, which, being chiefly fur-

nished at their own expense, contrast most favourably with those of their less fortunate comrades. At the other end is the barber's shop, fitted with brushing machinery, shampooing apparatus, perfumery, &c.—an indication of civilisation in advance of any other portion of the barracks, except of course the quarters of the officers. Immediately opposite is an apartment, which appeared small for such dirty work, where those mysterious pipeclay operations were going on which contribute so much to the appearance of the regiment and so little to its worth.

Proceeding downstairs, we saw the lavatory—a narrow and comfortless place, fitted up with a dozen self-acting basins, some of which belied their name and would not act at all. This accommodation is utterly insufficient for ninety men. In the next block of buildings the corresponding room is a bath-room, which, if possible, is still more comfortless. Four baths are considered sufficient for 400 men. There is no fireplace, and only wooden seats upon the floor. There is a copper, which is never used, as hot water is forbidden. One would think that men engaged about horses and in cleaning stables, to say nothing of the pipeclay service, would require much washing and many baths. Indeed, it is a marvel that they should appear clean upon parade, as no doubt they do. The lavatories and bath-house are obviously insufficient, and must be emphatically condemned. Passing across the yard, we come to the latrines—disgusting places, without seats, flushed by a patent apparatus which has never acted, and with the contents running into the open sewer without the intervention of a trap. No efforts can preserve them altogether free from smell. The block for the women and children, though fitted with seats, is in an equally improper state.

We now passed to that part of the building which abuts upon the street, the lower part of which is devoted to stables, offices, store-rooms, &c., and the upper to the married men. The accommodation for this important class, usually the very best men in the regiment, is shameful in the extreme. It is altogether insufficient. Very many are compelled for want of room to live in lodgings out of barracks, giving as much as five and six shillings for a single apartment, and getting only two shillings and fourpence from the Government. Were it not that they are assisted by the officers it would be all but impossible for them to live upon their pay; and although their houses are visited by the surgeon, sickness is far too prevalent amongst their children. But those in barracks are still worse off. Picture a cheerless, whitewashed room, some twelve feet square and ten feet high, approached from a corridor, the window of which may not be opened because it looks upon the street, with a single window, and absolutely no means of ventilation; a bed in one corner, a couch for the children in another, and a table in the midst; add to these washstands, boxes, clothes and other necessaries, and complete by a tall trooper, with a wife and three little children. In this fearfully overcrowded state cooking, washing, and cleaning must be done; every drop of water has to be carried up; every drop of slops to be carried down. There is absolutely no domestic accommodation, properly so called. Finally, ask if it be surprising that the health of the children fails, or that the man leaves such an uncomfortable dwelling to spend his leisure elsewhere. Nor are the sergeants much better off. Their apartments are in the centre of the barrack blocks. They are seven feet wide, with a fireplace projecting one foot into the middle of the room. There is a window at one end and a door at the other. They live, therefore, in an oven or a perpetual draught.

Lastly, we proceeded to the hospital—a low, one-storied structure, the front wall of which is actually falling down. It was condemned by the Barrack Commission, and has been reported over and over again as unfit and insufficient. Three years ago the foundations gave way, and hundreds were spent in strengthening them, but all in vain; and half the building is now in the hands of engineers for repairs, which will be equally misplaced. The wards are low, hot, and ill-ventilated. The furniture is simply disgraceful. Instead of the comfortable beds and admirable fixtures to be seen at Woolwich, there are ordinary barrack benches and tables, and a species of stool beside the beds. Knives, forks, &c., are supplied from the trooper's kit; and every other article of furniture—to wit, a few easy-chairs, arm-chairs, and books, have been paid for by the officers. The most cheerful feature of this dismal place is a flower-bed and a bit of green-sward in front of the window, which the medical officers have had made at their own expense. The general management of the hospital is excellent. The food and medical comforts are not supplied from the purveyor's department, as they undoubtedly ought to be, but are provided from the men's stoppages. Tenpence per day will not, however, pay the necessary cost; and as there is no hospital allowance, as in the Guards, the expense is defrayed by a subscription from the officers. There is no infirmary accommodation for the officers or women and children. Small-pox has been treated in the officers' quarters, and the children necessarily in the crowded rooms described.

One other most serious defect, and we have done. The water-supply is intermittent, being turned into the cisterns about an hour and a half per day. This is manifestly insufficient for the supply of so large a number of men and horses, and for the cleanliness of such extensive premises; the foul state of the latrines being an instance in point. Seeing that a continuous supply of water is essential to the well-being of any population, it seems incredible that the War Department should be guilty of such a paltry piece of economy, at the risk of the health and lives of the men and horses in the costly establishment under their charge. No expense is spared by the public in watering the public streets; and it is perfectly monstrous that, for want of a due supply, the officers should be called upon to pay 12*s.* 6*d.* a day for watering their own parade-ground.

Notwithstanding these sad defects, however, it cannot be denied that the body of the regiment is in an excellent sanitary state. At the last inspection, we were informed, the amount of sickness was only two per cent.; and there was an almost unprecedented absence of venereal disease. At present there are but nine patients in hospital, and none of them are labouring under zymotic disease. We attribute this singular immunity, first, to the character and constitution of the men; and secondly, to the indefatigable employment of sanitary measures by order of the Colonel. The men are of a superior stamp. Although their pay is good, drunkenness is extremely rare, and punishments are infrequent. The men are also well employed, and are glad to rest when the day's work is done. All this would however fail but for the sanitary measures carried out, not at the expense of the Government, but by a fund to which every member of the regiment contributes according to his rank. Some years ago, application was made for a supply of chloride of lime to disinfect the stables, urinals, and sewers. It was refused for the very admirable reason that there was no cholera about. Happily the commanding officer thought prevention better than cure, and the sanitary fund was formed. Three men, not belonging to the regiment, are employed, under the barrack sergeant, to wash the gratings, urinals, latrines, and filthy places, and to sprinkle them abundantly with disinfecting powder. Every stable floor is cleansed daily, and swept almost from hour to hour. Except in the latrines, there was not an improper smell about the barrack. The labour, expense, and careful supervision bestowed are worthy of the highest commendation, but they fail to remove the radical defects of the buildings, and do not justify the postponement of more permanent reforms. We are informed that changes have been in contemplation; that a large sum was inserted in the estimates both last year and this, and that on both occasions it has been withdrawn. The delay will have been of great advantage if it should lead to a removal of the barracks to a more fitting site. It cannot be doubted that any large expenditure would be thrown away upon the present buildings, the sale of which, with the land they occupy, would repay the country all that they have cost.

ON MEDICAL EDUCATION.

BY JOHN HUGHES BENNETT, M.D., F.R.S.E.,
PROFESSOR OF THE INSTITUTES OF MEDICINE AND OF CLINICAL MEDICINE IN THE UNIVERSITY OF EDINBURGH.

IT is with no small surprise I have observed that the excellent papers on Medical Education, inserted in three of the April numbers of THE LANCET, by Dr. Parkes, have led to so little discussion. No doubt it requires long experience in teaching, a knowledge of the wants of students, and an intelligent appreciation of what has been recently accomplished in the various schools, not only of this but of other countries, before enlarged and correct views of so intricate a matter can be obtained. Even then differences will be found to prevail among those who have considered the subject, which require serious and candid discussion. Having, however, during the last twenty-five years looked at this question in its various aspects, and placed some of my observations on record,* I may perhaps be allowed to comment on some of the suggestions for which we are indebted to Dr. Parkes.

The idea he has put forth, that practical should precede systematic instruction, appears to me worthy of great attention. Whether a student would better understand any branch of science or art by first hearing a methodical and orderly exposition of its principles, with definitions of its terms, and afterwards proceed to their practical applications; or whether, having seen these last and studied details, he would be better prepared to follow the theories and generalisations which are derived from them, is a very difficult question to answer. It is one involving a consideration of the inductive and deductive methods of instruction, both of which have their advantages. Some subjects are probably best learned in the first way, and others in the second. For example, in chemistry, a young man could not usefully enter upon laboratory work, commence testing and still less analysing, unless he had previously made himself acquainted with the nature and properties of elementary bodies, and with other information that only systematic teaching could give. On the other hand, practical physiology, which consists of actual demonstration and examination with the microscope of the ultimate structure of the tissues, of working out their chemical composition, and of observing their vital and physical properties as shown by experiment, would doubtless greatly facilitate any general consideration of the functions of the animal body. I agree with Dr. Parkes in thinking that the out-patient or dispensary system of practice should follow clinical instruction in an hospital. Here, probably, the best rule to follow would be—1st, a course of clinical teaching; 2nd, a systematic course; and 3rd, out-door or dispensary practice. The discussion of such topics must do good; but I think it will be found that such is the variety in the student's modes of thought, as well as in the accidental circumstances that surround him, that prescribing any definite mode of procedure is neither applicable nor advisable.

Dr. Parkes has put forth another idea, as to clinical instruction, which demands comment—namely, that the staff of teachers should be much increased, and that young physicians and surgeons should give tutorial courses on special subjects to limited numbers of students. Now, the proper persons for such kind of work are the house-physicians and house-surgeons, who in the Parisian hospitals instruct most usefully in this way. But I have met with very few young men in Edinburgh capable of so teaching, for the simple reason that they seldom occupy their positions more than a year, a period sufficiently short to instruct themselves. I believe, however, that an improved system of clinical instruction, and giving such offices as incentives to students who distinguish themselves clinically, would correct this, especially if their positions were retained longer. Then such young men should be empowered to give limited practical courses, under the supervision of the professor, for which a small fee should be charged, say £1 1s.; and such courses should be made imperative, and preliminary to the more general study. Dr. Parkes has an idea that their labours would lessen the emoluments of the professors, and he thinks that, "as few men lecture for direct gain, perhaps no objection would be raised to this." I hope he will pardon me for thinking that in this he is much mistaken. Why should not teachers lecture for gain? Why should not excellence in communicating instruction be rewarded? One of the reasons that good professors do not abound is because the emoluments of their offices are so low. The art of teaching, once acquired, is so valuable that its possessor should be largely endowed, and every effort made to retain him in his office for the public benefit. I am aware that some persons are of opinion that anyone can teach, as well as that anyone can examine. Both, in my opinion, require long preparation, great care, and peculiar aptitude. Skill in their exercise is by no means common, so that, when found, they should be cherished accordingly. I hope therefore that the recent movement which has taken place among the London lecturers will lead to a diminution in their number, an increase in their emoluments, and a concentration of the schools. Those who obtain eminence as professors will, I trust, be induced to remain teachers, instead of abandoning their posts, as they now do, to reap the fruits of practice. We have thirty thousand British practitioners; how few really good instructors! Let us, then, endeavour to elevate the position of the professor, so as to render the office commensurate in dignity with its acknowledged importance, and worthy the ambition of the most distinguished men of the age.

Another idea, well deserving attention, put forth by Dr. Parkes is, that there should be authorised text-books. This presupposes similarity in teaching. If the nature and mode of medical instruction shall, through the influence of the Medical Council, be approximated, as is much desired, I agree with him in thinking that such authorised works would be of incalculable benefit. Moreover, they would tend better than anything to equalise examinations throughout the country, a result no less to be wished for. Indeed, the marked differences in teaching and in examination which now prevail might be usefully remitted for consideration to a Council of Teachers. The Association of Lecturers in London should be extended to other cities, and a conference held for the purpose of considering and adjusting essential points. Among these I think should be put in the first category—1. How should teachers in medicine be appointed? 2. Who should examine? 3. A clear understanding of what ought to be taught under each head or branch of instruction. 4. Determining how professorships in various schools, though differing in name, should teach in uniformity.*

In conclusion, I cannot too strongly commend the valuable suggestions of Dr. Parkes to the consideration of all those who may influence legislation on the subject of medical education—a matter the importance of which can scarcely be exaggerated, and on the happy settlement of which the future advance and welfare of our profession essentially depend.

Edinburgh, June 5th, 1868.

* THE LANCET, May 12th, 1866.

PLACENTA PRÆVIA.

To the Editor of THE LANCET.

SIR,—I beg to communicate a case in which Simpson's method was successful. Mrs. H., in the seventh month of her second pregnancy, had repeated attacks of uterine hæmorrhage since the 18th inst., for which rest, cold applications, &c., had been prescribed. On the evening of the 23rd ult. I found the os uteri very slightly dilated, and the discharge profuse. I plugged the vagina, applied a T bandage, and gave a drachm of tincture of opium. On the 24th at 9 A.M. the flooding was renewed as soon as the plug was removed; os uteri dilated to the size of a florin. I introduced my hand into the vagina, and, with the index finger passed through the os uteri, I freely detached the placenta all round from the uterine surface. The bleeding ceased, the os uteri gradually dilated, and at 11 A.M., finding the shoulder presenting, I brought one foot into the vagina, and gave a drachm of ergot infused. The delivery of a still-born infant was completed in half an hour.

May 2nd.—Patient continues well.

I am, Sir, your obedient servant,

Falcon-road, Battersea, May, 1868. J. C. RICHARDSON.

* See "Observations on Medical Education." Edinburgh: Black. 1867.

CERTIFICATES OF DEATH.—An important resolution has been arrived at by the out-patient medical staff of the Ormond-street Children's Hospital, at the instance, we believe, of Dr. Buchanan. These gentlemen have unanimously agreed to refuse, in future, to give the usual form of death-certificate in the case of out-patients of whose actual decease they have no proof.

THE LANCET.

LONDON: SATURDAY, JUNE 13, 1868.

THE honour lately accorded by the Sovereign to Sir WILLIAM JENNER was endorsed on Thursday last by his friends and pupils, who met together in very large numbers to congratulate the new Baronet upon a distinction which the profession universally will think well merited. Happy in the possession of a name already associated with worldwide benefaction, Sir WILLIAM JENNER has yet no need to rest his claim for recognition in the ranks of science upon any fortuitous coincidence of this kind. His reputation is his own. The fight which he has fought has been indeed a noble one—honourable to himself as having conquered difficulties of no ordinary kind, and honourable to the profession of which he is so respected a member. For there is no small satisfaction to be derived from the proof which his career affords that, even in a profession which offers so few prizes as that of medicine, untiring industry, honesty of purpose, and scientific attainment can command a recognition which is the more grateful as it is a tribute to personal worth, and owes nothing to political expediency. Sir WILLIAM JENNER is in the prime of life—in the very zenith of his professional career. Happily then, in referring to his claims upon the respect of his brethren, and their united congratulations, we do not need to call up the remembrance of long past services. His work is fresh in the recollection of us all. His contributions to science are part of the accepted knowledge of the day. To him we owe largely the certainty with which we can distinguish between two forms of fever that were formerly merged in one common term, by which they were designated, but not identified. Out of this distinction, due to his sagacity, there has arisen an advantage to sanitary science the importance of which it is difficult to exaggerate. The pathological conditions thus clearly discerned and separated have been a starting point from which later observers have deduced the truth respecting the etiology of the diseases, and with the knowledge of the cause the means of prevention have become a part of our everyday experience. Sir WILLIAM's investigation of the condition called rickets is a model of scientific research, and a lesson in the utilisation of the experience which is to be derived from association with a hospital like that for sick children, with which he was formerly connected. But it is as a teacher of clinical medicine that his reputation will live perhaps the longest in the remembrance of those who were fortunate enough to be his pupils. Clear, precise, eminently practical, homely in description, and judiciously dogmatic, Sir WILLIAM JENNER'S clinique was a brilliant example of that form of teaching which is the most valuable of all in its power of influencing the minds of students.

It must be felt as no light advantage that her Majesty the QUEEN should enjoy the services of a physician at once so able, so honest, and—if we may be pardoned for using the expression—so little of a courtier as Sir WILLIAM JENNER. That he ably fills this somewhat trying position is proved by the mark of distinction which has been allotted to him. The profession will unite with us in hoping that her Majesty may continue to retain the advantage of his sound advice, and that the good wishes so warmly accorded to Sir WILLIAM JENNER at the meeting on Thursday may be fulfilled in a long and bright career.

"THE Medical Profession" is a large subject, and must be a very interesting one, judging from the attention it is receiving, not only from medical men, but from those outside our ranks. We would indeed be a powerful profession if we were not kept weak. The calling of HARVEY, of SYDENHAM, of ARBUTHNOT, of MEADE, of FOTHERGILL, of HEBERDEN, of HUNTER, of BRODIE, is clearly no disqualification for the highest friendships and the greatest influence. We are not unmindful of natural qualities, such as those of ARBUTHNOT, which made SWIFT say "he has more wit than all of us [SWIFT, POPE, GAY, &c.], and as much humanity as wit." But after allowing for these, there is much in the studies of the medical profession, much in the amount of human nature under urgent conditions that dissipate affectation and gloss which comes under its notice, that would make it a most powerful profession, if somehow we were not kept narrow. It is a common remark, one made specially by Dr. CHANNING, that all professions have more or less a contracting effect upon those who practise them. And we must not maintain that medical men do not occasionally give illustration of the truth of this remark. Not only are we not so powerful socially, not so broad in our sympathies, as we might be, but we are often very limited in our sphere of duty. We do certain things, and perhaps do them very well; but we do nothing else. We are good surgeons, or good physicians, or good obstetricians, or good ophthalmists; but nothing else. Or we are good sound general practitioners that deal out shrewd advice in the common exigencies of health; but we are good for nothing in particular, and we decline duties that would greatly vary the monotony of common practice, and which there is no reason in the nature of things for our not discharging. There must be some reason for all this. This narrowness is not in the study medicine itself, which is a large and broad one, suggestive of sympathies and relations of all kinds. The most distinguished members of our profession have not been characterised by this narrowness. Whence, then, does it come? To what are we to attribute the sharp limitations of our knowledge and function, and, correspondingly, of our influence in society? These are grave questions. Knowledge is growing "from more to more" all about us, and we should set ourselves right for catching the contagion of this growth.

At once the best cure and the best explanation of any narrowness in the medical profession is the study of the history of the profession itself. This may be very pleasantly and easily carried out just now by reading a little book which lies before us by Dr. MAPOTHER, of Dublin, to which the "First Carmichael Prize" has been awarded by the College of Surgeons of Ireland. It is entitled "The Medical Profession," and includes within its two hundred pages a rare amount of most valuable information touching the various bodies and departments of the profession, giving the history of every school and licensing board and its present condition, and containing most valuable suggestions for the better education and organisation of the profession. It gives a very good outline of

the position of medical officers in the services of the State, and of their mode of admission thereto. It is impossible to read such a book without being greatly impressed with the things that really hinder the greatness of medicine as a science, and consequently its influence as a profession. It is not that Dr. MAPOTHER contributes much really new light on the state or history of the medical body, but he gathers light from many sources, and, one way or other, touches upon all the causes of our present weakness as a profession, and the remedies for it.

It is not our design to review Dr. MAPOTHER'S book, which we take for granted will find its way into the hands of medical men generally as a book of reference and full of suggestion. We only use it. It is interesting to know the conclusions at which an essayist of such varied information arrives as to the medical profession. We can do little more than indicate the principal of these conclusions. Dr. MAPOTHER thinks that the importance of the profession of medicine is not fully recognised. And most of us will agree with him in this. He goes on to consider the causes which have contributed to degrade the profession from the position it should occupy. Foremost amongst these he places the fact that the public have only imperfect means of judging the merits of medical men. Then he specifies the influence of imperfect rewards upon medical success, complaining that the great ones of our profession are not raised to elevated positions in the State, and that we are so inadequately represented in Parliament. He dwells especially on the want of unity in modern medicine, contrasting, as he says, with that of HIPPOCRATES, GALEN, and CELSUS, who treated of all diseases and accidents alike, and whose practice of medicine and surgery was one indivisible art; though he is forced to admit that even HIPPOCRATES had some notion of specialism, inasmuch as his oath has the following item: "Cutting for stone I will not meddle with, but leave it to the operators in that way." Dr. MAPOTHER observes that the chartering of so many bodies has tended to divide most unnaturally the healing art into the two branches, physic and surgery. He eulogises in high terms those—especially LAWRENCE and his own hero CARMICHAEL—who advocated the reunion of these distinct corporations. Amongst the causes which tend to keep down the influence of the profession, he alludes to the imperfect education and examination of its members.

Dr. MAPOTHER has really written a most elaborate essay on the medical profession, the details of which must make his book a pleasant possession to every qualified medical man, either in private practice or in the public services. And his conclusion is just that which we arrived at years ago—that there are far too many corporations; that education needs to be at once more special and more inclusive; and that examinations need to be demonstrative and practical. Did we not know that these truths have been set forth as clearly as words can express them by the wise men of former generations, we should think that they would be acted on immediately. If we have a Medical Council now, and two or three medico-political societies, we have also the significant fact that, despite all these agencies, all the corporations exist as they did before in their contracted individuality. The competition in the medical licensing bodies is in the mouth of every statesman who speaks on medical education; it is reiterated in every newspaper. But it continues. The last number of the *Observer* contains an able exposition of this state of matters founded on Mr. LOWE'S recent speech. Referring to the only double qualification to be had—that of the two Edinburgh Colleges,—our contemporary says "the student can in Scotland take out his twofold diploma at a cost of £16, whilst for the like diplomas in London he must pay £37 15s." If anything would move the examining bodies to concentrate and perfect themselves, it would be such a statement as that of our contemporary—that some are beginning to think that examinations may be dispensed with altogether. The present ones are so lightly esteemed by the State, as Dr. MAPOTHER shows, that candidates for the public services are examined over again.

We are of the number of those who look for the raising of the profession not so much to elevation to the Peerage nor direct representation in Parliament, but to a better education, both primary and professional, and to some efficient and crucial means of excluding from the profession all who have not had such an education.

WE exceedingly regret to find that the unanimous voice of the medical and naval press has been raised in vain in condemnation of the conduct of the Admiralty as regards the treatment which Dr. STIRLING has recently sustained at the hands of Commodore RANDOLPH. When we find that the authorities of the Naval Service refuse to bring either officer to a court-martial, and decline even to allow Dr. STIRLING to know the specific charges brought against him by his superior officer, it becomes our painful duty to state our unbiased opinion that no medical officer of the navy is safe from the infliction of the very grossest injustice at the caprice of any commanding officer. In the case to which we allude, the injustice is the more glaring, since we have it on the best authority that the Admiralty is perfectly aware of the overbearing temper of the Commodore, which has frequently got him into difficulties. As the son of a late eminent bishop, his interest has hitherto been sufficient to tide him over all these, and to enable him to crush those unfortunate juniors who have come into collision with him. It still remains to be seen whether this interest will suffice when the indignation of a whole profession is roused by his unwarrantable proceedings.

The passive injustice of the Admiralty to the seniors of its medical service will surely react upon it, since although by various concessions it has latterly induced some young surgeons to join its ranks, there are other instances of injustice of a similar character, though less in degree, which are now becoming known, which will inevitably deter our students and newly fledged surgeons from casting a thought upon the Navy as a home. We may remind our readers of the injustice lately inflicted upon Dr. STEWART, of Plymouth; we may call to mind the unfair appointment of a surgeon to the Mediterranean flag-ship; and we shall not forget the fact that the staff-surgeon at Deal was recently turned out of his quarters for the better accommodation of a colonel of marines. At the present moment the position of a staff-surgeon as regards choice of cabin, &c., is not what it should be, for the youngest chaplain in the service has the right of selection before him. Now, with the greatest respect for the Church, we think that an officer of twenty years' service or more is entitled to consideration before a young man of three or four and twenty, who goes a few voyages before settling down in a country curacy.

We hope that some real friend of the Navy will shortly be

induced to interrogate the First Lord in the House of Commons respecting the silence of the authorities to all appeals for justice to Dr. STIRLING. The public and the naval profession may rest assured that until real justice is done to the seniors of the medical service, the list of recruits will remain unfilled, and the number of ships inadequately officered as regards medical men must necessarily increase. Perhaps some financial reformer may also inquire how much extra per annum it costs to employ surgeons on full pay to do assistant-surgeons' work,—as is now so frequently occurring; and the Admiralty may at last discover that it will be cheaper as well as more honourable to encourage the entry of assistant-surgeons by fair means, rather than to disgust and drive away the best candidates of the medical schools by acts of glaring injustice and official tyranny.

Medical Annotations.

"Ne quid nimis."

THE FELLOWSHIP OF THE COLLEGE OF PHYSICIANS.

IN pursuance of our remarks of last week, we wish to say a word or two which may point out more clearly the injustice which has been done in past years by the persistent omission of many names which undoubtedly ought to have been placed on the nomination list for the fellowship. As we have already remarked, it is impossible to specify individual names without doing their owners positive harm; but we will ask the Council to go back to the men of *not less than ten years'* standing as members, and ask themselves candidly whether among the list of such members there are not many who ought long ago, in common justice, at least to have been offered the nomination. Our own perusal of this part of the College list has showed us quite a dozen names of men all of whom, with all deference to the existing body of Fellows, we should say were fully up to the average type of merit prevalent within that body. And if that be the case, then it certainly ought to be remembered that these gentlemen have a special case of hardship to urge, in the fact that they paid the very heavy fees which were formerly demanded for the membership, amounting to nearly double what is now required. It seems quite clear that every man thus placed, and otherwise fitted for the fellowship, is treated with injustice. It is true that no man has, or ever had, the right to assume that, by merely paying the fees and passing the examination for the membership, he gained a right to the fellowship without further trouble. But supposing him to have gone on steadily, filling hospital appointments and publishing observations in medical science, then he has at least the right to complain in every case in which a young and unknown man is put over his head for the fellowship. It is notorious that many such objectionable promotions have been made. We could point out Fellows who, at the moment when their names were presented to the astonished College, were totally unknown except to the teachers of their respective schools, and whose first public utterances after they received the fellowship were of such a nature as to cover their friends with confusion. We are not ignorant that there are other reasons than those which the Council openly allege which have pretty certainly weighed with them, in past years, in their decision to pass over particular names which will not bear examination, but it does not lie in our way to enter into these just now.

THE CLINICAL SOCIETY.

THE first session of this young Society has come to a close, its last meeting being marked by a ruck of papers, which the limited time available rendered it necessary to dispose of with considerable rapidity. This was dexterously effected by Dr. Greenhow, the treasurer, who took the chair upon the occasion, and who briefly addressed the meeting at its close. In a few well-chosen sentences he congratulated the Society upon the success which had attended it, the perhaps unexampled number of members who had joined it, and the quality of the papers which had been discussed at its meetings. It is impossible not to concur, to a very great extent, in these congratulations. The foundation of the Society was sunk in delicate ground—ground which many thought was already occupied by existing Societies, but which the success of this first session proves was judiciously chosen. From the first we expressed our belief that there was ample room for the Clinical Society, and the experience of its meetings has tended to increase this conviction. We should, however, be but indifferent friends to the Society if we failed to criticise what appear to us to be weak points in its constitution. With some few exceptions, the discussions have not been up to the standard of the papers. Discussion must always remain feeble and desultory so long as members do not know beforehand more of the subject-matter proposed for the evening than is indicated by the mere title of the papers published in the journals. Members would come down provided with *exact* data bearing upon a point, if they only knew what point would be likely to come up. For example, a very important paper by Dr. Hermann Weber, on certain fatal cases of acute rheumatism marked by delirium and rapid rise of temperature before death, was advertised in the list of papers as "Acute Rheumatism." It should be an especial feature of this Society to discourage that vague talk about "a case which occurred to me a few years ago; I forget exactly the circumstances, but I rather think we did not find any disease of the cardiac valves," &c. This kind of twaddle is directly encouraged by the system at present adopted in all our Societies. We venture to suggest that a very brief epitome of the paper to be read should be published beforehand in the journals, or that the information should be sent by post to each member. This would be an innovation, certainly; but the Clinical Society is nothing if it is not progressive. Again, the Council, ere next session, should definitely settle the footing upon which reports are to be made by committees upon cases of disease in progress, and the period at which discussion is to take place upon them. We think the appointment of two or three members to observe a case of disease is a most useful feature of the Society, and should be encouraged. To our mind, the examination by the referees should not take place in the presence of the member introducing the case, and the report should be quite independent. Lastly, we may look forward next session, let us hope, to some valuable results from the committees upon therapeutics which have been appointed. After all, the *treatment* of disease must be the specialty of the Clinical Society.

THE COLLEGE OF SURGEONS.

A SOMEWHAT absurd incident has occurred in connexion with the forthcoming election at the College of Surgeons, which it will be as well to record, that the same mischance may not occur another year. It appears that no fewer than five of the candidates for election into the Council have been nominated by the same gentleman, Mr. Erichsen; and the consequence is that Mr. Erichsen has received a polite note from the Secretary of the College, informing him that by the 10th section of the Charter of 1852 he is incapacitated from voting at the election. The offence cannot be held to be very grievous, nor is the penalty which has been attached to it a very heavy one. The occurrence affords a good example, however, of the undue importance which is attached to the signatures upon a nomination paper, and the perfectly unjustifiable conclusion which is sometimes drawn that the gentlemen who so sign their names are bound to support the candidate in question. The

nomination paper merely states the abstract proposition that A. B. is a fit person to be elected into the Council; but it by no means pledges the signers of the certificate to any statement of his fitness compared with that of the other candidates. In THE LANCET of June 27th, 1863, will be found a letter signed by Messrs. Paget, Hewett, and Pollock, expressing this view *apropos* of the election of that year, and we only repeat the statement on the present occasion because of the extraordinary electioneering efforts which are being exerted in some quarters, and the unfair use which is being made of names of men of note to influence the votes of those who are perfectly able to form their own opinions without such extraneous aid.

As we predicted, Mr. Hodgson does not intend to offer himself again as a candidate for a seat in the Council of the College of Surgeons. The connexion of this much-esteemed surgeon with the College has been long and honourable. He became a member in 1811; and in the same year he gained the Jacksonian Prize, "On Wounds and Diseases of Arteries and Veins," on which was founded his well-known work, which has been translated into French by Breschet and into German by Koberwein of Hanover. Upon his return to London in 1849, after enjoying at Birmingham a most successful practice, he was elected a member of the Council, many of his juniors having reached it before him, as in those days no provincial Fellow was ever elected. In 1856 he was appointed an Examiner, which office he resigned at the expiration of his presidentship in 1864. Mr. Hodgson always advocated liberal views with regard to College affairs; and was, we believe, the first to moot the abolition (since carried) of the dinners of the Council and Examiners, for which there was no authority either by charter or bye-law.

REPRESENTATION OF THE SCOTTISH UNIVERSITIES.

THE graduates of the Scotch universities have good cause for congratulation as to the result of that part of the debate on the Scotch Reform Bill which appertained to their future electoral privileges. For, indeed, a great danger was impending. The Bill, as brought before the House in committee on Monday evening last, contained a clause to assimilate the system of voting in the Scotch to that which prevails in the English universities, and it included a proviso to the effect that no voting papers shall be received unless the electors presenting them can solemnly attest that they have a personal knowledge of the senders thereof, and produce also certificates signed by Justices of the Peace, indicating the genuineness of the voting papers presented. But the constituencies of the Scottish universities are very widely scattered. Referring to those of the Edinburgh constituency who can qualify for electoral rights under the future Act, we find that 1208 are resident in the city and county of Edinburgh, 1283 in other parts of Scotland, and 1032 in England and Ireland. Very few of the last division here quoted are personally known to residents in Edinburgh, so that the adoption of the clause in its entirety would have practically disenfranchised a large proportion of the constituency, and would have operated most disastrously on the privileges of the St. Andrews graduates, who are admitted to the franchise, the residential clauses having been abandoned.

We are enabled to state that Dr. Lyon Playfair having, almost at the eleventh hour, learnt the position of affairs, came to London, placed himself in communication with those members most interested in this question, and pointed out to them the peculiarities of a clause the merits and demerits of which had apparently been overlooked. An amendment was therefore proposed by Mr. Stuart Mill, but was eventually withdrawn, as the Lord Advocate, after some discussion (in which the Chancellor of the Exchequer, Mr. Gladstone, Mr. Lowe, and others took part), undertook to alter the objectionable parts of the clause. The medical graduates have to thank those whose acumen detected this flaw in the Bill, and whose energy caused its rectification, as it was a flaw that would have rendered the votes of many wellnigh worthless. It must be the care and concern of all to register as soon as the Bill receives the royal assent. This will probably take place in August, soon after which a notification of electoral privileges will be enclosed to every graduate. A single fee of thirty shillings will be charged for registration, and all who can claim a vote must register before the 1st of October next, on which day the lists will be closed. The *modus operandi* of voting to be practised by non-residents will be perfectly simple, as each elector will enclose his paper, properly signed, to the committee of the candidate, by the members of which it will be presented at the poll. It is proper to remind our readers that all those who have spent four years at a Scotch university (whether possessed of a degree or not) will be entitled to register under the forthcoming Act. All should register and all should vote.

THE IRISH MEDICAL ASSOCIATION.

THE Irish Medical Association was able to give at its late meeting a very good account of its stewardship. It has had some success in nearly all the points which, by anticipation, we indicated were to come before it. A concession has been gained from the Attorney-General, sanctioning the introduction of a clause into the Common Law Bill empowering the judges to draw up a schedule of fees, insuring the payment of medical witnesses. The schedule of Sir Colman O'Loghlen's Local Officers' Superannuation Bill includes the boards of guardians of Ireland among the bodies authorised by this Act to grant superannuation allowances to their officers. It is to be feared that, like many other good Bills, these will not become Acts this session; but it is a great service to have procured the admission of these points. A resolution was passed recognising with pleasure the increase in the gross amount of medical officers' salaries, though regretting that so many still continue below £100; some at £70, a salary most disproportionate to the service rendered to the State by these officers. Their vaccination service, though very much underpaid, is a model to be imitated; and the labour and risks incident to their duty are very great. They only need to bestir themselves to get better pay. We have already mentioned the success of the Association in securing that the new rule of the Poor-law Commissioners—"a dispensary officer shall not hold the office of coroner"—is not to be applied retrospectively. Like all other bodies of medical men, the Irish Association is anxious for the representation of the profession in the medical Council, and passed a resolution accordingly. The Association has added a hundred to its members during the year, and now issues its own *Journal* to all of them. The Association only wants the introduction of a few scientific subjects into its discussions to make it a most valuable representative of the profession in Ireland.

ISLINGTON SANITARY REPORT.

DR. BALLARD'S report on the health of the Islington district for 1867 shows that that suburb has more than maintained its position of comparative healthiness, notwithstanding the increase of population; the death-rate was 20 per 1000, the metropolitan average being 23 for the same period. The excess of births over deaths, which amounted to 2712 and 2873 in 1865 and 1866, increased to 3365 in 1867; a great reduction in the proportion of deaths by zymotic disease is a further undoubted index of the generally favourable hygienic condition of Islington. Dr. Ballard, whose able essay on Vaccination we have lately had under notice, refers to the fact that small-pox has been gradually, year by year, claiming more and more victims; and, in urging the importance of vaccination, takes care to insist that its protective value depends on its careful performance and repetition, and on the quality of the virus

employed. Scarlatina was epidemic in the district during the year, causing 144 deaths; but its fatality was relatively less than in the previous epidemic. As a pendant to his treatise "On the Influence of Weather upon Sickness," Dr. Ballard is investigating the influence of atmospheric humidity, and although he is not prepared to state definitely at present his conclusions thereon, he expresses his belief "that atmospheric humidity exercises a regulating influence upon the operation of temperature, something allied to that which it is known by scientific men to exert upon the temperature of the earth itself." Deductions based upon the results of 200,000 observations are seldom met with in this age of hasty generalisation.

ST. JOHN'S HOME FOR NURSES.

IT is generally understood that important changes have lately been made in the managing staff of the St. John's Home for Training Nurses, and they are such as to meet with our approval. We have had reason on more than one occasion to condemn an evident tendency on the part of some of the members of the nursing sisterhood to step beyond the bounds of their own work, and to usurp the duties of both doctor and chaplain; and our opinion has not been expressed without producing some beneficial result. At the same time we have given due credit to these ladies for the superiority of their nursing, though, by the way, it has not been altogether an economical affair. It is not worth while to inquire into the circumstances which led to the recent resignation of the late lady superintendent and some of the sisters of the St. John's Home; suffice it to say that it arose directly out of a dispute relative to the office of chaplain. Things are changed. At the annual general meeting, held on Monday afternoon, the Bishop of London presiding, it was announced that thirty-nine new associated nurses had recently been admitted, and that the Rev. Francis Pigou had been elected honorary chaplain. This latter appointment is a very satisfactory one.

CHARITABLE FUND DINNERS.

THE *Pall Mall Gazette* this week publishes an able article with the above heading. The writer takes exception to these demonstrations on the ground of their being to a considerable extent unnecessary, and that they are not a legitimate means of raising subscriptions.

The Times, in quoting the article, makes some severe comments on the transparent puffery which they exhibit, and the bore that their increasing frequency is to the great majority of those who attend them. We cordially concur in these remarks, more particularly so far as they refer to those small hospitals and dispensaries which are springing up in every quarter of the metropolis. These "institutions," in the majority of instances got up for the special advantage of the medical staff and a host of officials, make their annual dinner a mere means of puffing off the "advantages" they confer upon the public, and of fulsome laudation of their "benevolent" promoters. The fact is, this class of public dinners has become intolerable. It is high time some check should be put upon so vicious a mode of obtaining money. A young physician or surgeon, unable to obtain practice in a legitimate way, "takes up" what is called a specialty; that specialty may be anything or nothing—it is sufficient for success that the "institution" be paraded daily in the advertising columns of the public journals, that little paragraphs appear weekly showing the number of patients which it has "relieved" or "cured." But above all there must be an annual dinner. At that dinner some really distinguished person, or some titled noodle, must preside. In either case the result is probably the same. At all events, the distinguished chairman is crammed by the "secretary" with "statistics and facts" to give an *éclat* to the occasion, and to enable him to make an eloquent appeal to the gentlemen surrounding him for their contributions to the cause which he advocates. With some exceptions this is the veriest bunkum. The majority of those present are like the dummies in the shop-window of a tailor. But they serve their purpose, and may induce the paying customer to patronise the "establishment." It is, however, derogatory to us as a profession to resort to such manœuvres to obtain the support of the public.

THE NEW INFANTRY KNAPSACK.

WE make no apology for recurring to this subject. From a paragraph in the last number of the *Army and Navy Gazette*, as well as from rumours which we have heard, it seems now possible that the soldier's health and comfort may weigh as nothing in the balance against the importance of maintaining that smart martial appearance so dear to the eyes of officers of the old school. It is pretty well known that some of the military authorities view the new equipment with anything but favour. They look upon the doctors as desirous of clothing the troops, and do not relish the idea of yielding anything to the professors of sanitary science. The evils of the old system are so well known and apparent, however, as contrasted with the unobjectionable nature of that recommended by General Eyre's Committee, that we think objectors at the Horse Guards must give way. It is a matter the importance of which we, as a profession, are better competent to estimate than any other class, because we can more clearly trace the injurious influence of the present knapsack in inducing the various forms of physical incapacity and disease of which it is unquestionably the source.

HEALTH-RESORTS FOR PULMONARY PATIENTS.

To winter abroad has now become not only a common piece of advice, but of practice; and various correspondents of the daily papers have already commenced to give their opinions as to the best winter health-resorts. We are not about to recommend any pet place of our own; but we may direct attention to the fact that invalids often do not reap all the benefit they might by returning to this country and remaining in it all the summer. And we are reminded of this by the benefits which sometimes accrue to patients, who have spent the winter in the South of France, by a residence at this season at Eaux-Bonnes, where they can enjoy a cheerful open-air life at an altitude of about 2500 feet, in a sheltered valley rich in the verdure of a favoured latitude during the best season of the year. Dr. Leudet, in his pamphlet "Des Effets immédiats et éloignés des Eaux-Bonnes dans le Traitement de la Phtisie Pulmonaire," assigns a high rank to the Eaux-Bonnes springs among the therapeutic agents capable of producing salutary modifications in pulmonary phthisis. He considers the local lesions, and the constitutional conditions with which they are associated, to be favourably influenced by the use of those waters. We must refer to Dr. Leudet's pamphlet for the reasons on which these statements are founded. We can, however, speak to the apparently beneficial effects of these springs upon the bronchitic complications of the disease, and, as we have said, to the very salubrious and pleasant nature of the climate of Eaux-Bonnes.

A WELL-MERITED HONOUR.

OUR readers will not be surprised to learn that a handsome testimonial, consisting of a purse of £100, and two massive silver cups bearing suitable inscriptions, has been presented to Dr. Gimson, in recognition of the great services he rendered to the poor of Terling on the occasion of the recent unique and most disastrous epidemic of typhoid fever which played such sad havoc amongst them. Dr. Gimson received the well-earned gift from the hands of Lady Rayleigh on the 4th inst., in the village school-room.

THE REPRESENTATION OF THE PROFESSION IN THE MEDICAL COUNCIL.

EVERYBODY must be wondering now whether the universal feeling of the profession on this subject is to find an exponent in the Council itself. Our general knowledge of the Council would scarcely permit us to doubt that such an exponent will be found. And we venture to predict that this will actually be the case. There are members of the Council who feel that it would be strengthened in every way by a direct representation of the profession at large, and the time has fully come for the Council to declare itself. If we are rightly informed, "the man" will not be wanting to give the Council an opportunity at its approaching meeting.

THE EPIDEMIOLOGICAL SOCIETY.

AN admirable embodiment of the facts relative to the dissemination of cholera amongst the troops consequent upon the recent festival at Hurdwar, in the Punjaub, from the pen of Assistant-surgeon Sutherland, was brought under the notice of the above Society on Monday, the 1st instant. The paper had been sent to the Society by the Director-General of the Army Medical Department, in the belief that the accurate record of facts in regard to the order and succession of phenomena would render it a valuable aid towards the elucidation of the general progress of epidemics of cholera. Dr. Goodeve, who occupied the chair, supplemented the paper by reading an abstract of Dr. Murray's account of the Hurdwar festival itself. About 3,000,000 persons were then assembled. The cholera appeared after a very heavy fall of rain, subsequent to which the whole concourse had performed the sacred rite of bathing in the Ganges. After this the pilgrims dispersed, and cholera broke out in various parts of India to which the pilgrims went, and always subsequently to their arrival at them. Mr. Edwin Chadwick, C.B., referred to the good sanitary work recently done in India, and the necessity of proceeding still more vigorously in the same direction. He also pointed out how necessary it was that properly-qualified engineers should be provided to conduct engineering works. Inspector-General Lawson spoke at some length in favour of the opinion that in the dissemination of cholera not so much was due to human intercourse as to the influence of certain general conditions travelling in certain uniform and constant directions—pandemic waves, as he has termed them. Mr. J. N. Radcliffe, in reference to both communications, expressed his regret that no attempt had been made by the observers to ascertain the immediate influence of the rainfall, and its effect on the soil and the water used by the pilgrims. He instanced the recent investigations conducted in the case of the fever at Terling as affording the best type of what kind of observation in cholera epidemics was needed, and mentioned that Professor Pettenkofer is at this moment at Malta pursuing an investigation of the kind to which he alluded—an investigation which could and should have been made by Dr. Sutherland in his recent almost useless inspection of Malta and Gibraltar. Dr. Tilbury Fox then referred to certain unusual phenomena lately observed pretty generally in connexion with vegetable parasitic diseases. He stated that these diseases had not only been more frequent of late, but existed in a specially well-marked, and, as it were, over-developed condition. Ordinary states had, in fact, been exaggerated. In consequence of this, while errors of diagnosis had been frequent on the one hand, it had been possible to recognise, on the other, phenomena about which doubt often existed, in consequence, for example, of the small amount of fungus or the small size of the spores and mycelia present. In tinea decalvans the fungus had been recently very readily seen. Another consequence was, the assumption of almost "new features" by parasitic disease. Three cases of herpes circinatus were mentioned in which error had been made. In two the vesicles were large and well developed at first; there was more than ordinary fluid, more local irritation, and therefore prominence of the diseased patch; and finally, in the last stage, which was quickly reached, more scaling than usual. In a third case the disease had developed quickly over both arms, and was stated by the medical men from whom it came to be psoriasis, which it resembled. In all these cases the fungus was unusually luxuriant, and specimens of these fungi were placed on the table. Another feature of the parasitic disease, as existing at present, was a very rapid development. This had especially appeared to apply to chloasma, which had been developed in several cases almost like an acutish exanthem, covering large areas of the chest-wall and arms in a week or ten days, and being mistaken for syphilis. The circular character had been lost in two instances, the mycelial threads sprouting out in all directions. Lastly, fungi, in their luxuriance, had been seen to assume the characters of others, and the microsporon Audonini was placed under the microscope as exhibiting very large oval spores and freely-branching mycelium, like that of penicillium. One specimen of the epiphyte in hair removed from herpes circinatus of the arm exhibited all transitions, from the smallest to large oval, chained spores. Dr. Fox stated also that in chloasma, instead of the spores being heaped together, they had, from their abundance, shown a disposition to be generally diffused throughout the epithelial scales. He drew attention to the fact that the minute form of fungus was generally overlooked in the tinea. These clinical facts are very interesting and important, as showing how unusual conditions may render difficult the diagnosis of skin diseases, and point to the importance of microscopic examination.

NETLEY HOSPITAL.

THE decision of the Court of Investigation concerning the lady superintendent and the nursing system at Netley Hospital has not yet been published. The investigation has been thorough and impartial, and the result will certainly be an entire change of system. The original one had failure stamped on its forehead *ab initio*, and its working has been prejudicial to the public interests. The Court consisted of General Hay as president, Inspector-General Dr. Beatson, and Dr. Sutherland, of the War Office.

DISTURBANCES AT THE FACULTY OF MEDICINE OF PARIS.

WE said in a former annotation that medical science was safe in France by the vote of the Senate; but we are sorry to find that the students, the rising generation, the men in whose hands the cultivation of medical science and the practice of the art will eventually be placed, are, in some degree, justifying the attacks which have been directed against the Faculty, by acts of violence and by disturbances which men of all parties must condemn. The cries uttered by the infuriated medical *alumni* have a certain significance, and at once disclose the tendency of the age. Materialism is the watchword, and the large lecture-room re-echoed over and over again the cries—"Long live the professors who hold materialistic opinions!" "Down with the clergy!" &c. On three successive days the riots (no other word is applicable) were renewed; the favourite professors were almost carried in triumph; tumultuous crowds proceeded, with loud vociferations, first to the Senate House, then to one of their supporters, then to the house of M. Machelard, the supposed informer; and various scuffles of a serious kind took place with the police. In vain did the Dean of the Faculty interpose; in vain did he uphold the inviolability of the Academy precincts: violence, sacrilegious vociferations, and a strong disposition to mischief, could hardly be controlled. At last, after three days' disgraceful rioting, some semblance of order was re-established; but to the observer, either in France or elsewhere, such manifestations, such loud approval of materialistic doctrines, bode no good.

These outbursts may to some extent be explained, if not

excused, by the tight political screw holding down the aspirations of the young. Scarcely does an occasion offer itself for such excessive vehemence, than amid the tumult is too plainly discernible an unfortunate leaning to a gross materialism. One professor, however, M. Lasègue, in an excellent article in the *Archives de Médecine*, disclaims the doctrine which chains down our conceptions to matter, and makes a happy distinction between *materialism* and *materiality*. Medical men must bestow much attention on the latter, but such attention does not necessarily include belief in the former. In looking at home, we find that iatro-chemists and iatro-mathematicians are not wanting; but though vitalism is at a discount, we have not to deplore among our students breaches of the peace excited by clerical interference and a wish loudly to assert materialistic doctrines.

ACUTE KAKOGRAPHY.

A MEDICAL contemporary, celebrated for taking rather crazy views of things in general, has, we are sorry to see, had its mental equilibrium more seriously upset than we had ever known it to be, by some recent comments of ours on workhouse affairs at Yeovil. The friends of eccentric patients are always willing to put up with a good deal from them before proceeding to extreme measures; but when a man or a journal takes to accusing people of writing "Philippics," we really think it is time a commission *de lunatico inquirendo* was taken out. It would be an interesting medical question to decide, *apropos* of this melancholy case, in which of the cerebral convolutions resides the faculty of knowing the number of consonants contained in Greek words of more than two syllables. It is a faculty which, like the cognate power of putting the aspirate in its right place in speech, we have repeatedly known to break down under the strain of unusual excitement. Still we are far from desiring our contemporary's death, even for the sake of the chance it would give us of getting up a new pathological sensation.

THE LEPER.

THE present social position of the poor mendicant leper generally throughout the East is a most deplorable one, and it is not surprising that he is often subject to the most inhuman treatment. In the recent Report on Leprosy prepared by the College of Physicians, great prominence was given to the cruel neglect of the leprous outcast, and the necessity and humanity of decently lodging and housing him, instead of allowing him to live on more like a wild beast than a human being. It is to be hoped the Government will not lose sight of the point. The Indian papers tell us that the practice of burning lepers alive is still carried on in Rajpootana. It is an easy and short method of getting rid of the afflicted. The Rao of Serohi has issued a proclamation forbidding the practice under a penalty of ten years' incarceration; but the prevention of the act is difficult. One means to this end would be the provision of a suitable lazaretto at or near Serohi. The expense would be comparatively trifling.

THE HENLEY ABORTION CASE.

WE are indebted to Dr. Braxton Hicks for the following report.

——, living as a reputed wife, left London for Henley-on-Thames; and, after taking a long walk, was seized with violent rigors, succeeded rapidly by semi-collapse, a quick pulse, and an anomalous eruption on the body. The third day she had sharp diarrhœa, and at the end of the third day she became delirious. On the fourth day typhoid symptoms came on, and she died comatose. In consequence of some remarks made by Mr. Brooks on the first visit, the reputed husband said that she had about a fortnight before gone to someone to have abortion procured, but that he knew nothing of it till it was done. It was said to have been accomplished by instruments, by an accoucheur in London. It is gratifying to learn from Dr. Braxton Hicks that the name mentioned is neither in the Register nor in the Medical Directory. A post-mortem examination was made by the coroner's order. The body was rapidly decomposing. But no evidence of any disease was found till the pelvic organs were reached. On pushing aside the bowels to get at the uterus, about a tablespoonful of pus came out from the ovary. On investigating more minutely, the matter was found to proceed from the right ovary, which was a little enlarged by a cyst one inch and a half in diameter, in which the pus had been held; but, as the lining membrane was shining and smooth, it was evident that it was of some age. The cyst had adhered to the intestine, but the formation of an adventitious membrane had restrained it from bursting into the peritoneal cavity. The uterus was four inches and a half long; three inches wide at the fundus. The cavity was correspondingly large. On the posterior wall, to the right, was a yellow patch an inch and a half in diameter, beneath which the lining membrane of the uterus was thickened three times that of the other part. The yellow material was found to be composed of decidual cells. The rest of the lining membrane had a flocculent surface, and had evidently been recently denuded. No mark of any violence existed in the vagina or uterus. The os uteri would not admit the little finger. No pus was detectable in the uterine sinuses, nor indeed in any part of the organ. There was a large corpus luteum, such as is found in early pregnancy, in the right ovary. This ovary was highly congested. Thus it was clear that the uterus had very recently contained an ovum. But whether the symptoms arose from the abortion, or from the diseased ovary, or from even a third cause, there was no evidence to show. The most probable cause would seem to be the recent abortion; and the long walk so soon after is very likely to have brought about the fatal result. It is much to be regretted that no evidence was obtainable at the time of the inquiry, which would have traced the criminal abortion to its author. It was stated that this was the third time the deceased had suffered abortion to be procured.

SMALL-POX HOSPITAL.

THE annual report of the medical officers of this institution shows that the epidemic of small-pox, which has now lasted upwards of five years, still prevails. During the five years 7317 patients have been admitted into the hospital, viz.: 1537 in 1863, 836 in 1864, 1249 in 1865, 2069 in 1866, and 1626 in 1867. Of the cases of small-pox admitted last year 255 occurred in unvaccinated persons, 3 cases occurred after previous attacks of the disease, 2 after both vaccination and small-pox, and 4 after inoculation. The fatal cases amounted in the year to 206, and the death-rate was a little over 12 per cent. Three hundred and eighty-four persons were vaccinated at the hospital during the year, and 510 charges of vaccine lymph were supplied to the profession.

BARRY VERSUS BARROTT.

THIS cause, decided on Thursday in the Probate Court, involved the validity of the will of a Mrs. Symm, whom our readers will remember as the unsuccessful plaintiff in the well-known suit of Symm *v.* Fraser and Andrews. She died recently under circumstances of great wretchedness. She was attended during her last illness by a person named Barry, under whose influence, it was alleged, her will was made. The case is of importance as involving the question of the possibility of a patient in the coma of fatal typhus being able to execute a will. Dr. Tweedie, Dr. Murchison, and Dr. Tuke were prepared to give evidence of the great improbability of such power existing in Mrs. Symm's case. After the examination of the plaintiff Barry and one other witness, and their cross-examination by Serjeant Ballantine, the will was pronounced invalid, and the plaintiff was condemned in costs.

METROPOLITAN ASYLUM BOARD.

AT the meeting of the Metropolitan Asylum Board held on Saturday last the mode of erecting the proposed new hospitals at Hampstead was discussed. It was resolved that there was no immediate necessity for a Small-pox Hospital. Accommodation is to be provided for 104 fever patients—namely, for typhus, 60 (males 30, females 30); for enteric fever and febricula, 20 (males 10, females 10); scarlet fever, 16 (males 8, females 8); other cases, 4 males and 4 females. The hospital is to be constructed on the pavilion principle, and to be two stories high. The wards are to have 2000 cubic feet and 180 superficial feet per bed. The arrangements contemplate the probable addition of wards for small-pox on the adjoining ground.

THE GUARDIANS OF DEVONPORT AND "THE LANCET" COMMISSION.

ON the 5th instant there was a stormy meeting of the board of guardians of Devonport in consequence of a motion being made that no one should be admitted to the sick wards for the purpose of reporting thereon. An amendment was moved and seconded that if Dr. Stallard applied he should be admitted, which was carried by a majority of nine to six. It is satisfactory to know that the guardians are themselves directing attention to the state of the sick wards; and notice was given for a return of the number of sick in the workhouse hospital, and the number, age, and qualifications of the paid nurses employed in attending them.

A LONDON COMMITTEE is in process of formation to promote the election of Mr. Gladstone as Chancellor of the University of Edinburgh. The Committee, presided over by Sir James Simpson, in Edinburgh, at a meeting recently held, appointed Dr. W. S. Playfair to act as Secretary to the London Committee, and we are requested to intimate that this gentleman will be happy to confer with, or receive the names of, all those who are disposed to become members. The election for the Chancellorship will take place on the 30th October, so that, as the register will (as we have indicated elsewhere) close on the 1st, and be revised and published on the 25th of the same month, all who are included therein will be enabled to record their votes for one or other of the candidates for the Chancellorship.

SIR THOMAS WATSON, Bart., M.D., has kindly consented to preside at the general meeting of the Association for Extending the Contagious Diseases Act to the Civil Population on Friday, the 26th of June.

A BRILLIANT *soirée* was given by the Professors of University College on Wednesday last, at which a large party of students and friends of the College assembled, among whom were many ladies.

WE understand that at the approaching examinations for the M.B. degree and for the medical scholarships in the University of Dublin, the examinations in Chemistry will be conducted by Dr. Maxwell Simpson, and in Materia Medica by Professor Rawdon Macnamara, in the absence of Professors Apjohn and Aquilla Smith, who will not be able to attend in consequence of the meetings of the General Medical Council being fixed for the days upon which these examinations are to be held.

DR. THUDICHUM read an interesting paper before the Royal Microscopical Society on Wednesday night, in which he referred to the recent researches of Thomé, Klobe, and Hallier, in connexion with the development of fungi in the intestinal tract in cholera. The author adduced many arguments, chemical, microscopical, and pathological, to show that the poison of cholera is not of the nature of a fungus, but that it is a subtle change in the blood throughout the body, many of the evidences of which could be obtained by spectrum analysis. Dr. Thudichum's researches on this point, we understand, will shortly be published *in extenso*.

WE think it as well to correct an erroneous statement made by several of our contemporaries in reference to the opinion which Sir Wm. Jenner gave as to the illness of the late Lord Shrewsbury. The facts are these:—Sir Wm. Jenner was intercepted at Carstairs in his return *from* Balmoral. He arrived at Newbottle on Sunday, at 3 A.M., and left in the afternoon. Sir William, in consultation with Dr. M'Laren and Dr. Begbie, who had been in attendance some time, agreed as to the very alarming nature of the noble Earl's case, which was complicated by double pneumonia.

AT the meeting of the Royal Medical and Chirurgical Society on Tuesday last the following gentlemen were elected Honorary Fellows: Charles Darwin, F.R.S.; Dr. Hooker, Director of the Royal Gardens, Kew; T. H. Huxley, LL.D., Hunterian Professor of Comparative Anatomy in the Royal College of Surgeons, and Fullerian Professor of Physiology in the Royal Institution; Sir Charles Lyell, Bart.; John Tyndall, LL.D., Professor of Natural Philosophy in the Royal Institution and Royal School of Mines. The following gentlemen were elected Foreign Honorary Fellows: Dr. Samuel D. Gross, Professor of Surgery in the Jefferson Medical College of Philadelphia; Albert Kölliker, Professor of Anatomy at Würzburg; Hippolyte Baron Larrey, Member of the Institute, Inspector of the "Service de Santé Militaire," Member of the "Conseil de Santé des Armées," Commander of the Legion of Honour, Surgeon in Ordinary to the Emperor; Auguste Nélaton, Member of the Institute and of the Imperial Academy of Medicine, late Professor of Clinical Surgery to the Faculty of Medicine, Surgeon to the Emperor.

THE Committee of the Birmingham General Dispensary, at a meeting held last week, appointed Dr. Anthony (lately senior Physician to the Charity) Consulting Physician at a salary of £100 per annum, and they directed the resident surgeon to call in the senior surgeon of the General Hospital in all cases requiring the services of a consulting surgeon. It has not yet been stated whether Dr. Anthony and Mr. Crompton (the senior surgeon of the General Hospital) have accepted these appointments.

A SUM of upwards of £4000 was raised at a public dinner held in Birmingham last week towards defraying the expenses lately incurred in enlarging the General Hospital.

A SPECIAL General Meeting of the Members of University College, London, is to be convened on Saturday, the 4th of July next, at 3 P.M., for the purpose of supplying the vacancy in the office of President of the Council occasioned by the death of the late president, Lord Brougham. No nomination can be received after Friday, the 19th of June.

A FATAL case of typhoid fever in a child at Lordship-lane, Dulwich, which occurred last week, is attributed to "miasma from the drains" as its exciting cause. The locality has almost everything in its favour for a healthy abode, but it is said that the condition of the main sewer in the neighbourhood of Dulwich is dangerous from the offensive effluvia which it emits. The attention of the authorities has very properly been called to this circumstance, as long periods of dry weather render more care than usual necessary to guard against the consequences of the accumulation of solid matters in the sewers.

IT is thought likely that the Rev. Dr. Haughton, F.R.S., will ere long be the representative of Trinity College, Dublin, in the General Medical Council.

THE streets of London were, on Sunday last, in many places in a most disagreeable state on account of the dust, which was flying about in all directions, filling one's eyes and throat in a most unceremonious manner, and we should imagine necessitating many an unnecessary visit to the doctor the next day. We have called attention to this matter before, in the interests of the public comfort; and we fail to see the reason why the local authorities cannot allow a few water-carts to be at work in the morning on Sundays.

THE wish to found an hospital in Sydney, as a memento of the visit of the Duke of Edinburgh to Australia, and the happy escape of his Royal Highness from the late attempt upon his life, has been echoed in England, and a committee formed to second the efforts of the Australians. It is thought that the best site which could be chosen for the new edifice is that of the present main front building of the Sydney Infirmary. Communications are about to be addressed to every colonist in England who can be found, asking for his aid and countenance in the laudable object of the formation of the hospital. The Bank of New South Wales consents to receive subscriptions. We hope that the architect will take care to construct his plans in such a way as to secure a building not only pleasing to the eye, but satisfactory to the sanitarian.

IN announcing the resignation of Mr. Pratt, the medical officer of the male infirmary of the St. Pancras Workhouse, it was observed by Mr. Wyatt that when the salary is small there is a constant succession of young medical officers, who no sooner become accustomed to their duties than they leave. He recommended a salary of at least £150 a year, which was found to be a sufficient inducement for them to stay a much longer period.

IT is a curious fact, which appears from a return recently issued to Parliament, that while the number of paupers relieved last year was less than in many of the ten years past, the sum spent in poor relief amounted to a million more than in any of those years.

THE progress made at present in the erection of St. Thomas's Hospital, if we may venture to be critical on such a subject, is scarcely so rapid as might be. Everyone is anxious to get the building up as soon as possible. The neighbourhood needs it, and a little extra "move on" would be as well.

THE Poplar Board of Guardians has rescinded the division of the Isle of Dogs. Two motions will be considered at its next meeting: one for the appointment of a single medical officer, who shall be required to devote his whole time to the duties at a salary of £250 a year; and another, that Dr. Sarjant shall have charge of the entire district, and be supplied with a fully-qualified assistant at £120 a year. We hope the latter arrangement will be carried, as it is by far the best.

THE abominable practice of bleeding calves prior to their being killed, for the purpose of whitening their flesh, is, we regret to find, still carried on. Last week, at the Liverpool Police Court, a butcher was charged with this cruelty. Three calves were found tied down in a cart, each with a wound in the neck, the straw in the cart being saturated with blood. A paltry fine of twenty shillings was inflicted for each case.

AT a recent inquiry held by the guardians into the statements made by Dr. Gibbon as to the indiscriminate administration of medical relief in the Holborn Union, a letter was read suggesting that free medical orders should be confined to persons having three or more children, and earning less than 21*s.* or 25*s.* per week, and that loan orders should be issued to other applicants on condition that they undertake to pay 5*s.* for each order as soon as they are able. We fear that such a system would require far more supervision than can be given by the staff of officials now employed. The spirit of the proposal, however, is in accordance with the orders of the Poor-law Board, and under proper management would, no doubt, contribute to the independence of the labouring poor.

IT has been decided that the meeting of that part of the International Maritime Congress which will engage itself in the discussion of naval medicine and hygiene, shall commence on the 28th September, and continue till the 3rd of October. Communications should be addressed to the Committee of Organisation at Havre.

A PORTRAIT of the late Mr. Cusack has been presented to the Royal College of Surgeons by his son, Mr. Ralph W. Cusack; and, on being received by the Council, it was ordered to be placed in the Board-room of the College. The portrait of Dr. W. Kingsley, the founder of the Royal Medical Benevolent Fund Society of Ireland, has also been transferred from the Fellows' room to the Board-room in the same College.

AT a meeting of the trustees of the Tancred Charities held last week, one of the old students of Epsom College (Mr. Wakefield) was, as the result of a competitive examination, elected to the vacant studentship in Physic at Gonville and Caius College, Cambridge. The value of the appointment is, we believe, £100 a year. The gentleman who holds the studentship is required to take his degree in the University. There were about forty competitors in the examination, which is open to all comers.

THE Registrar-General's return for last week shows a very satisfactory state of the public health in some of the large towns of the kingdom. The death-rate was 17 per 1000 in Birmingham, and 19 in London, Bristol, Newcastle, and Edinburgh. The mortality of Sheffield (24) showed a considerable decline upon the three previous weeks' returns, but measles is reported to be again fatally prevalent in many parts of the town, and two more unvaccinated victims have succumbed to small-pox. The death-rates in the other large towns ranged from 23 to 29 per 1000.

Correspondence.

"Audi alteram partem."

VACCINATION AND SYPHILIS.

To the Editor of THE LANCET.

SIR,—I have read with much interest your articles upon the recent books on Vaccination, and being myself one of those heretics who believe that syphilitic infection by vaccination is not only to be expected on theoretical grounds, but that it is actually of common occurrence, and that the effect of recent legislation will be to make it more common than before, I crave permission to set forth the bases of my belief.

Unfortunately I do not possess, and have not time to acquire, any intimate acquaintance with what has been written upon this question; but, so far as my acquaintance extends, authors have been looking for the sources and for the evidences of vaccinal syphilis in totally wrong directions. Finding nothing where there was nothing to be found, they have jumped to the conclusion that vaccinal syphilis is either a myth or an unusual accident. They have had their minds occupied with

primary or with *secondary* syphilis, to the exclusion of that train of symptoms described by Mr. Hutchinson, and by him first traced to descent from a syphilitic parent.

Now one reason why the form of syphilis which may conveniently be described as "Hutchinson's disease" has been much overlooked in this discussion, arises from the circumstance that its most prominent symptom is the peculiar form of inflammation of the cornea. Its other symptoms, such as the notched teeth, the texture of the skin, the cicatrices about the mouth, the shape of the nasal and frontal bones, are matters of formation, and do not, as such, come under the notice of practitioners. The inflammation of the cornea is usually the occurrence which brings the patient to the surgeon. It follows that a large proportion of such cases come under the notice of the surgeons to eye hospitals; and that other practitioners frequently are not aware how widely "Hutchinson's disease" is diffused among the community. Sometimes I have found that they were not even prepared to recognise its syphilitic character.

At the eye hospitals at Nottingham and at Gloucester it has been my lot to see a large number of these cases; and at Nottingham, where I was also surgeon to one of the districts of the union, I had unusual facilities for finding out their medical histories. They seemed to me to be clearly divisible into three classes:—

First, the cases in which syphilitic parentage was unquestionable.

Secondly, the cases in which it was probable, and might fairly be suspected, although not proven.

Thirdly, the cases in which no evidence of parental syphilis could be obtained, in whatever direction the inquiry was pursued.

Now, assuming, first, that I know Hutchinson's disease when I see it; and, secondly, that Hutchinson's disease is syphilitic, the question arises, Is there any other source than inheritance to which *this form of syphilis* can be traced? I cannot imagine any such source, unless it be vaccination; and I believe that it is traceable to vaccination in many instances. That it should be so traceable is, I think, highly probable on *à priori* grounds.

In the first place, an extended survey of syphilis entitles us to describe it as a zymotic disease of slow and irregular development. An infinitely small quantity of the primary syphilitic poison determines the occurrence of a long series of structural changes and of new growths in the person infected, and so modifies his condition that his offspring inherit a liability to another series of such changes and growths. This liability on the part of any child may be assumed to be due to the modified character of a single spermatozoon. If from a child so modified, in whose system there is the liability to undergo syphilitic degeneration, to suffer from syphilitic diseases, and to develop syphilitic growths, we take vaccine lymph, and insert it into a healthy child, all that we know of vital chemistry, of physiology, and of pathology, supports the belief that the proclivity of the vaccinifer will be conveyed to the recipient of the lymph. The belief that it will not be so conveyed, because vaccine lymph is a secretion *sui generis*, although often stated, cannot surely be seriously entertained by any man of science. Vaccine lymph cannot be a secretion *sui generis*, or exempt from the influence of a constitutional taint, in any sense that would not apply at least equally to the semen. There is not a tittle of evidence that it is *sui generis* at all, or that it is anything more than blood serum, *plus* the vaccinal x, and likely, for that very reason, to be also *plus* the syphilitic y. I do not know that the fact has ever been noticed, but I should think there can be no doubt that yellow lymph would be found in vaccine vesicles formed during an attack of jaundice.

My own judgment, therefore, leads me to consider it probable, and my experience leads me to think it true, that vaccine lymph, taken from a child that inherits (but possibly does not yet display) constitutional syphilis, will convey the same taint, and the same liability to Hutchinson's disease, to other children. In the *Medical Times and Gazette* for 1862, vol. ii., I have described a case of Hutchinson's disease that seemed to me to be so produced. The patient was the first child of very handsome and healthy parents, was born at full time, was a fine and vigorous baby until after her vaccination, from which she dwindled; and at thirteen she was a typical example of an extreme case of the disease: was purblind, dull of hearing, misshapen, stunted, and feeble. Her five or six younger brothers and sisters were the inheritors of their parents' fine forms and robust health; and it is without parallel in my experience to find an eldest child suffering *very severely* from syphilis due to a parent, and the second and all subsequent children presenting *no trace* of the disease.

The statement quoted in your review from Dr. Ballard, that he "does not know of one single well authenticated unquestionable instance on record—*not one*—in which it has been established beyond dispute that syphilitic virus has been taken from a vaccine pock and inserted with the vaccine into the arm of a healthy child, imparting syphilis to him," is an example of debility and irrelevance which need not have been rendered prominent by italics. For myself I would go further, and say that I scarcely know any doctrine in medicine which rests on "*one unquestionable instance established beyond dispute*"; and, from the nature of the case, no such instance of vaccinal syphilis can ever occur. If the opinion I have ventured to set forth be ultimately established, it will not rest upon single instances each beyond dispute, but upon the concurrent testimony of very many instances, each of which might in some point be questioned. The way to determine the matter would be to investigate the sources of the vaccine lymph that had been used for children who suffer from Hutchinson's disease, and for whose syphilis there is nothing in the state of their parents to account. In order that this may be done, the source of the lymph used for every child should be as carefully registered as the fact of the vaccination.

In the meanwhile, what are we doing, and what is the tendency of recent legislation? Certainly it is towards one result, which has not, I think, sufficiently attracted the attention of the profession, and which fully merits the consideration of the public. The vaccination of nearly the whole of those children from whom private practitioners have been accustomed to procure lymph for their paying patients is now transferred to the public vaccinator; and he is under no obligation to give lymph for the use of others. It follows that private practitioners have the greatest possible difficulty in obtaining a trustworthy supply. Women who pay a guinea fee for attendance in labour, who would formerly pay a small additional charge for vaccination, and who would allow their children to be freely used as vaccinifers, now go to the public vaccinator for free vaccination. Parents in the more wealthy classes, although often desirous that their children should be vaccinated, are usually very unwilling to allow lymph to be taken from them. They may, perhaps, permit a tube or a few points to be charged; but they will give no facilities for arm-to-arm vaccination, except in the case of personal friends. Even if they would do so, the difficulties in country places and limited circles would be insuperable. Rival doctors would come into collision; and Mrs. A would object to Mrs. B's baby.

In practice it amounts to this: all medical men but the few who attend a very large number of midwifery cases among the wealthy classes find it difficult, often impossible, to keep up their supplies. They are then reduced to the necessity of applying to the National Vaccine Establishment, to the various advertising vendors, or to some acquaintance who is a public vaccinator. In neither case can they look the gift horse in the mouth. They use what they can get, and are thankful; thus, at the very best, following the (necessary but, as I think,) wholly unjustifiable practice of the public vaccinator, who takes lymph from children whose parents are not medically known to him; and, at the worst, incurring the risk of grave evils.

The lymph of the National Vaccine Establishment was on many occasions supplied to me in tubes containing a quantity of turbid and slightly viscid liquid, presenting the physical characters of saliva mingled with buccal mucus, and displaying epithelial scales under the microscope. Both in my own hands and in the hands of other experienced vaccinators, its insertion produced no effect whatever; and at length I complained to the Privy Council. After some weeks, my lords caused a letter to be written to me, expressing their regret that investigation showed my complaint to be well founded, and saying that they had, in consequence, changed the sources of their supply. Much encouraged, I wrote for more lymph. But either that which was sent to me was taken from the "old stock," or else the change has not been productive of any improvement, and since then I have abstained from troubling the establishment.

Of the wares of the advertising vendors I have no experience, except that I once purchased three tubes containing a turbid liquid, which I did not think it proper to use.

The most usual resource is the public vaccinator of the district. The new regulation that there shall be only one such officer will press rather hardly upon practitioners who chance to be at cross purposes with him. Even public vaccinators

are human; and doctors, when they live near together, have been known to disagree. But, putting this on one side, there remains the fact that the public vaccinator receives, vaccinates, and takes lymph from numerous children whom he has never seen before, and of whom he knows nothing, except that they have well-formed vesicles. These children, if their parents obey the law, will often be within the age at which the symptoms of inherited syphilis first show themselves; and the public vaccinator will have no suspicion of their latent malady, and no power to prevent its diffusion. I believe that the postponement of vaccination to the age of nine or twelve months would alone be a great benefit; and I do not hesitate to take lymph from a strange child if it be the first, if the mother has had no previous abortions, and if the child itself is apparently healthy at the age of nine months.

I am quite aware that there is now a sort of common consent among medical writers to gloss over the evils that may be attendant upon vaccination, for the sake of its great and manifest benefits. In this course I cannot concur; because I think that the evils should be fairly recognised, and that they should be neutralised by proper and scientific precautions. It seems to me, however, that the positions alike of the public and of practitioners have been changed for the worse by that aggregate of useless, meddlesome, and mischievous legislation known as the Vaccination Acts. The practitioner loses most of his small vaccination fees, and most of the trustworthy sources of lymph by which to earn larger ones. The patient loses that guarantee for the quality of the lymph which the knowledge of the family doctor formerly supplied, and will be driven more and more to the public vaccinator. That vaccination will be increased, or small-pox diminished, I for one utterly disbelieve.

We live in wonderful times. A wrangle about office over the carcase of the Irish Church fills our newspapers, crowds our meetings, forms the common talk of our population. But a Government that does not isolate contagious diseases unless they attack cattle, and that permits every prostitute to disseminate syphilis at her own sweet will, is able to introduce a Vaccination Bill affecting every child in the kingdom, and to pass it into law almost without notice from the press or the public, and without a clear conception on the part of any single person of the results likely to follow from its adoption.

I am, Sir, your most obedient servant,

Stroud, May 26th, 1868. ROBERT B. CARTER.

THE CHANCELLORSHIP OF EDINBURGH UNIVERSITY.

To the Editor of THE LANCET.

SIR,—I trust you will, with your usual fairness, allow me space in your next impression for the following reply to your correspondent of last week who signs himself "A Member of the University Council," and writes about the Chancellorship of the University of Edinburgh.

1. He says as an objection to the Lord Justice-General, that "He is a Tory of the Tories, and that under his rule the Tory element in the Senatus Academicus will crop out and be developed."

My answer is that this is not a political contest, and ought not to be made so, although the Gladstonian party are trying with all their might to do so. The Lord Justice-General, doubtless, during his political career sincerely and steadily belonged to the Tory party, to which, by the way, Mr. Gladstone originally belonged also, but which I need not say he deserted long ago. The Lord Justice-General, since he ascended the bench, has, as was his duty, bid adieu to all active part in politics, and is quite incapable of using any position in which he may be placed for any political purpose whatsoever. His supporters are drawn from all sides of politics—not only from the Tory, but also from the Liberal side. Not only does Mr. Carlyle support him, but he is supported by such consistent Liberals as Professor Maclagan (who is chairman of his committee), Professor Syme, Professor Turner, Professor Kelland, Professor Struthers (of Aberdeen), and many others: therefore there is no truth in objection No. 1.

2. The second objection is that, as Chairman of the University Commission, he did his utmost to perpetuate the monopoly of teaching in the University, which the civil authorities, in whom the management had previously been vested, had to a considerable extent reduced.

My answer is that he found that a certain extent of extramural teaching (I believe about one-third of the whole curriculum) was allowed to be taken for the degree of the University. This he left as he found it; he did not curtail it. He did not extend it, indeed, but this was because he believed that if it were extended the interests of the University would suffer. Therefore there is no weight to be attached to objection No. 2.

3. The third objection is that, in the same capacity of Chairman of the University Commission, he deprived St. Andrews of the power of conferring degrees after due examination, thereby taking away from Scotland the only means by which a man, to whatever eminence he had raised himself in his profession, could obtain a medical degree without residence in a university.

My answer is that it is not true that he deprived St. Andrews of the power altogether of giving degrees without the condition of residence, but left it the power of making *ten* such graduates every year. Had he left the unlimited power of making as many graduates without residence as it chose to a university which has no complete medical school and no hospital, he would have done a grievous injustice to the other Scottish universities, and among them to the Edinburgh University; and would not only not have promoted but actually discouraged high University education for medical degrees in Scotland. Therefore objection No. 3 is as futile as the two preceding ones.

4. It is said that he gave Scottish universities the power of making Masters of Surgery, which was opposed ineffectually before the Privy Council by the College of Surgeons of London and Edinburgh, and the College of Physicians of Edinburgh.

Now, even if we admit, with some, that the Mastership of Surgery was not necessary, at all events we must admit this, that in instituting it the Lord Justice-General did so in the interests of the universities and of their graduates. Why then should medical graduates be called upon to vote against the Lord Justice-General by reason of objection No. 4?

5. The fifth objection urged against the Lord Justice-General is that he disfranchised in his University Act a large number of the medical graduates.

It is incorrect to say that he disfranchised any medical graduates; for before the University Act was passed there was no Council and no franchise. It is true that all medical graduates were not originally by the University Act put upon the roll of the University Council, because in its original constitution a certain amount of residence was considered essential. But no one proposed in Parliament at the time the Bill was under discussion, certainly not Mr. Gladstone, that all graduates should be enrolled. I rejoice greatly that now it is considered right that all graduates, after examination, should have the franchise. This I myself have always maintained, and I can state that it is mainly to the exertions of some of the chief supporters of the Lord Justice-General that it is owing that in the Scotch Reform Bill of 1868 these claims for enrolment are acknowledged. Why the medical graduates should consider that the Lord Justice-General should have less claim to their votes on this account than Mr. Gladstone, I am at a loss to imagine.

It is said, too, in regard to the Lord Justice-General that he should not be promoted to the office of Chancellor of the University because he is a judge. But I would ask, are all judges, merely because they are judges, to be excluded from such highly honourable offices as the chancellorship of universities—offices essentially non-political, whatever the Gladstone party may say? That would be hard indeed. The chancellorship of a university is of all offices, in my opinion, that for which a judge is most peculiarly fitted, because its duties, especially in judging as to proposed changes in university arrangements, will be best performed by one accustomed to exercise judicial functions. If it was right to elect Lord Cairns, who at the time of his appointment was Lord Justice of Appeal, and is now Lord Chancellor, to the Chancellorship of the Dublin University,—if it was right in Lord Cairns to accept of that office which happily he still adorns, why is it to be said that the Lord Justice-General of Scotland, a gentleman who, like Lord Cairns, has raised himself by his talents apart from all adventitious aid to his present exalted position, is disqualified? I am confident the electors will not discard so eligible a candidate as the Lord Justice-General on such baseless grounds.

One would think from the ungenerous language used by some, only a few I am glad to say, of Mr. Gladstone's supporters against the Lord Justice-General, that he was a mere local mediocrity—not fit to be mentioned on the same day with Mr. Gladstone. They say Mr. Gladstone is eloquent. So is the Lord Justice-General—a speaker who, in elegance of expression,

terseness, logical precision, and power of convincing those who hear him, is fully qualified to cope even with Mr. Gladstone. They say that Mr. Gladstone is a scholar, and thoroughly versed in all educational questions. So is the Lord Justice-General—the man who by the University Act gave new life to the Scottish Universities—who, as the indefatigable chairman of the University Commission during, I believe, four years, necessarily became intimately acquainted as well with the defects as with the excellences of the Scottish University system, and has done so much to improve it. It is true that from circumstances the Lord Justice-General had a very short parliamentary career, and therefore lost the opportunity of making for himself a great parliamentary name; but all who know him (including many generous political opponents) know that he had every requisite for attaining a very high parliamentary position had he continued longer in the House of Commons.

As it is, he at an unusually early age was taken suddenly from Parliament to fill the second highest place on the Scottish bench; and now, as the highest judge in Scotland, he has compassed the highest possible position attainable by a Scotch lawyer. His has been a most meritorious career; for, starting in life as the son of a leading clergyman of the Church of Scotland, with slender fortune and no interest, he has achieved for himself, by the force of his brilliant talents and indomitable industry, fame, fortune, and position. No man is more universally known and respected throughout broad Scotland. Why, then, in electing to an honourable and distinguished office, such as the Chancellorship of our University—an office to which he has the very strongest and most peculiar claims—pass by so distinguished a Scotchman as the Right Honourable John Inglis, Lord Justice-General? His election will do honour to the electors, and essentially benefit the University by securing for it the services of one who, residing on the spot, and always *au courant* of what is passing in the University, will perform the duties of the office with dignity, impartiality, and efficiency. I am, Sir, your obedient servant,

Edinburgh, June 9th, 1868. ANDREW WOOD, M.D.

To the Editor of THE LANCET.

SIR,—As an Englishman, and a graduate of the University of Edinburgh of thirty years' standing, I hope you will permit me to say a few words on the Chancellorship of the said University. I am glad to see THE LANCET, the old representative of the medical interests of Britain, defending the right of Mr. Gladstone, and exposing the wrong of Justice Inglis, as applicants for the vacancy created by the death of Lord Brougham. The appointment of a good man concerns the medical profession; it also concerns the University to which so many thousand graduates are bound by past and present associations; and it concerns more deeply the honours of place, position, and rank to which great men, and great men only, should aspire.

Now who are the men in the field? The one is a Scotch Judge, known only as such, and assuredly not known beyond his own jurisdiction and the environs of Edinburgh, unheard of in literature and science—a man of negative qualities, excepting when he advocated the interests of a Tory Government of the old stamp, and then he did his best to keep Edinburgh graduates off the General Council of the University. This is worthy of remembrance by those who are doubtful how to vote and may happen to be swayed by a political bias in favour of a Conservative candidate.

Mr. Gladstone, on the other hand, was a double first at Oxford in 1831, and has been mixed up with University education and University reforms all his life; he is acknowledged to be a most eminent scholar, an able legislator, an historian, a man of letters, and altogether a man of this time. His fame is not confined to London or Oxford, nor Great Britain and her dependencies, but has extended far and wide over Europe, far beyond the precincts of the English language.

There is no comparison whatever between the men. It is little better than a petty provincialism that calls the Lord Justice-General from a court that he should be careful not to stray from; it would be more than academical and more than national to confer the chancellorship of an ancient university upon so eminent and scholarly a man as Mr. Gladstone.

What will the sister universities of Great Britain and Ireland say to the appointment of an unknown Scotch Judge to the vacant post? What will the French Academy of Sciences say if they should come to read in October next that the foremost man of the age has been thrown aside by the University of Edinburgh for "one *Monsieur* Inglis!" We should be a laughing-stock to Europe.

Well, Sir, you have a good cause and a good man to fight for, and I hope you will be backed by every man who values the reputation of his *Alma Mater*.

I am, Sir, your obedient servant,

June 9th, 1868. AN EDINBURGH GRADUATE IN ENGLAND.

THE ROYAL COLLEGE OF SURGEONS.

ABSTRACT OF MR. LE GROS CLARK'S LECTURES ON SURGICAL DIAGNOSIS.

LECTURE II.

MR. CLARK'S second lecture was mainly devoted to a consideration of the value and significance of the various elements on which a surgical diagnosis is based. Before doing this, however, he explained the meaning which he attached to the words "symptom" and "sign," a meaning rather conventional than etymological. A "symptom" was rather medical than surgical, and implied the idea of something the presence of which indicates an abnormal condition not otherwise in itself manifest. A "sign" was rather a palpable token whereby we may recognise some material change in the body. It would be appropriate to speak of a symptom of cancer of the stomach, and a sign of cancer of the breast.

History was an important element in diagnosis, and included the previous condition of the patient, as well as the causes of his injury or disease. It was often very difficult to obtain a correct history, and needed both sagacity and patience. Leading questions were sometimes absolutely necessary, sometimes fatal, to the success of the inquiry. Of the different elements in a history, previous habits were particularly important in large towns, where over-stimulation and insufficient exercise interfered so much with the repair of injuries, and rendered necessary continued stimulation, often of a special character. The lecturer referred to a case in which the disuse of tobacco had apparently interfered with the union of a fracture. Pre-existing disease and previous deformity were often most important elements in the history. The exciting causes of surgical disease were many, but most important were the two classes of extremes of temperature and mechanical violence.

But the existing condition of a patient must always furnish the chief sources of information. Some signs were certain; others doubtful; and negative evidence had often a most important bearing. A tranquil pulse might be the only distinction between cerebral excitement and inflammation. Great obscurity was often occasioned by urgent symptoms masking those which were less so, but of equal diagnostic value; and another important source arose from the sympathetic functional derangement of organs. Disturbance of the assimilative functions was present in most forms of constitutional irritation from local lesions. The tongue presented indications the value of which was very great. That little member rarely deceived the intelligent inquirer, even in its silent response to his queries.

The occurrence of derangement of the intellect was common, but of very variable value in diagnosis. Temporary delirium after operation often has no significance. In other conditions, as after a head injury, it might be a most alarming symptom. Nervous delirium and delirium tremens were closely allied, and indeed thought by some surgeons to be identical,—erroneously, in Mr. Clark's opinion, since the tremor so invariable in the latter was often absent in the former, in which when present it was rather agitation than tremor. There was a close analogy between the low muttering delirium of many exhausting diseases, as gangrene, and that of typhus and typhoid. Both, he thought, depended on the presence in the blood of the uneliminated products of organic combustion.

Expression in attitude and feature was a great assistance to diagnosis. Attitude frequently expressed not only the existence, but also the character, of pain. Freedom from suffering was indicated by an easy attitude, detectable even in the recumbent posture. All persons were naturally physiognomists, and the ability to read expression was sharpened by the world, and more truly by familiarity with suffering in the sick chamber. The tint of the skin was often of considerable significance, but more valuable perhaps to the physician than to the surgeon. Power of voluntary motion was another ele-

ment, liable to be influenced by circumstances affecting the nerve centre directly, or the nerves proceeding from it. Indications derived from the excito-motor system were of even greater value from their persistence when the cerebral symptoms are interfered with. When partial, they were commonly due to impressions on the sensory nerves; when general, the source was, or became by transfer, more directly central, as in tetanus, chorea, and epilepsy. Rigor was an excito-motory expression of great value, especially when associated with other symptoms—sometimes significant merely of impressions on the sentient nerves, sometimes of serious toxæmic contamination, and especially grave when other circumstances suggest the probability of pyæmia. Affections of sensation often had a similar significance to those of motion; hyperæsthesia, for instance, being expressive of central irritation, in the same manner that rigidity was. Some forms of hyperæsthesia, however, as that connected with a peculiar form of skin tumour, were not very intelligible.

Affections of the nerves of special sense were of great importance in the diagnosis of local disease. They often had a significance quite independent of any special affection of the organ itself. The ear was more liable than the eye to be affected by diseases of the parts through which its nerve passed; but alterations of sensibility of the two organs often had a distinct relation and similarity, and when these are produced by toxæmia it was not uncommon for the imagination to frame out of them definite ideas. These were well seen in the delirium of drunkenness, and in the moribund they assumed a character in accordance with the habits and, it might be, the hopes and fears of the dying. The senses of taste and smell were even more closely allied, and the affections of the two very frequently went together. All the senses were sometimes successively suspended, indicating the progress of disease within the brain, till a vegetative life alone survived, or, it might be, that the intellect alone was left to watch unmoved the onward march of advancing disorganisation.

"A WORKHOUSE TRAGEDY."

ON Wednesday last a Poor-law inquiry took place before Mr. Commissioner Gulson at Yeovil. The investigation was instituted at the request of the Yeovil Board of Guardians in consequence of the verdict of the jury at the inquest held upon the body of Hayward, containing the addendum of a vote of censure upon them for allowing lunatic and sane paupers to be congregated in the same ward, and the correctness of which the guardians impugned. The following is a digest of the evidence, which occupied five hours in the hearing.

The first two witnesses called were the chaplain (Rev. J. Langdon) and the master of the workhouse (Mr. Murrant). Upon one perhaps immaterial point they greatly differed. Mr. Langdon described the deceased, an old man of eighty-five, as gentle and very teachable; Mr. Murrant as weak and lost in his mind; but they both concurred in giving it as their opinion that he received no such blow as was alleged to have caused his death; Mr. Langdon, although he took particular interest in him, not having been informed by him of any such occurrence, and the master, on questioning the deceased as to his illness, being simply told by him that he had fallen and hurt himself. And in spite of its having been reported among the inmates that the old man had been knocked down by the lunatic, the master did not pursue the investigation, but contented himself with the statement that he had fallen and injured his leg. The master further said that the lunatic, who was discharged from the Wells Asylum, for the first eighteen months did not trouble them much, but afterwards he got much worse, and Dr. Aldridge, the medical officer of the union, recommended, in August, 1867, the man to be sent back to the asylum, with two other patients. In neither case was the doctor's recommendation followed; one of the lunatics remained in the workhouse until he died, a second was ultimately discharged, having recovered, and the conduct of the third, who has since been sent to the asylum, gave rise to this inquiry.

The third witness was an inmate named Watts, possessed of the usual amount of intelligence found among the Somersetshire poor. He did not know his age, but knew he was not 100, and thought he could not be much more than fifty. He described himself as the wardsman of the imbeciles, and was in an adjoining room when the occurrence took place. He heard the deceased fall, and upon going into the bedroom found him on the floor, and the lunatic sitting up in bed with his arm raised, who told him that the old man wanted to get into his bed, and he had prevented him.

Dr. Aldridge threw most light upon the case. He saw Hayward the morning after his accident; he was suffering from a most extensive swelling of the whole of the thigh, so severe that he had scarcely ever seen one equal to it before, and which precluded any examination of the injuries. The old man then distinctly told him that Snow (the lunatic) had knocked him down. Snow also told him, in reply to his inquiries, that the old man wanted to get into his bed, and he had pushed him away, and that he believed the old fool tried to tumble. In 1866 he reported to the board that Snow required watching; subsequently he told a visiting committee that he considered him dangerous. At later periods he reported the different phases in his condition—once stating that he considered him a fit inmate of the house, for Snow was a man whom a few weeks would render either sane or insane, but at the same time he had informed them of his state, and had always looked upon the board as cognisant of the man's lunacy.

One other witness, Mary Taylor, the nurse, was called, and she stated that the deceased also told her that Snow "bet" him down, and that Snow also said he came to his bed, and that he did not want him, and he put out his hand and pushed him.

These are the salient points in the evidence, and the inquiry concluded with an exchange of compliments between the board and the Commission—on the one hand as to the urbanity and kindly feeling exhibited in the investigation, and on the other as to the care and anxiety evinced by the board for the welfare of the poor.

PURIFICATION OF SEWAGE.

THE Tottenham Board of Health, in their endeavour to find an effective mode of deodorising and purifying the sewage of the Tottenham district, which they are now compelled to keep out of the River Lea, made trial on Tuesday last of a plan of purification of water proposed by M. Lenk, of Dresden. This consists, it is affirmed, in the precipitation of all organic and inorganic matter by a solution containing alum, aluminite, carbonate of soda, and iron or hypermanganate of potash. Twenty-six thousand gallons of the liquid sewage was conducted into a large tank, 50 ft. long by 20 ft. wide, and to this was added sixty gallons of M. Lenk's solution. The odour gradually decreased, and those who were present at the experiment state that in a little while a remarkable change was apparent—the solids were precipitated to the bottom, whilst the supernatant water gradually became transparent, and in an hour was almost clear. We have ourselves seen this result produced in the muddy Thames water obtained from Barking. M. Lenk's process, about which there is no secrecy, deserves to be fairly examined. The first thing required to be determined is, the actual composition of "cleared fluid" after the precipitation of the solids.

THE SOIREE AT THE COLLEGE OF PHYSICIANS.

THE annual *soirée* of the College was held on Wednesday last, and was attended by a great number of the leading members of the profession, and by several distinguished persons in the Church, Law, &c. The visitors were received by Dr. Alderson, the President, Dr. F. Farre, and Dr. Wegg. Amongst the more interesting objects exhibited were the following:—

Pratt's patent pterotype, or type-writing machine; Carré's new ice-making machine; the occlusion of hydrogen gas by metals; the decomposition of water by heat; the advanced state of stratification in phosphoric vacua; a new self-acting break for the induction coil; a new form of battery, by Warren De La Rue, Esq., F.R.S.; microscopic specimens and drawings of hypertrophied arteries from various tissues in chronic Bright's disease; thallium and its salts; binocular

microscopes, showing circulation of sap in the tradescantia, of blood in the branchiæ of the newt, volvox globator, &c.; micro-spectroscopes, with new objects, by H. C. Sorby, Esq., F.R.S.; microscopes with reactions of brucine (Dr. Guy); new magneto-electrical machine specially arranged for medical purposes; microscopes, including an improved form of stereoscopic and pseudoscopic binocular, showing various objects; the phosphorescent butterfly, the new panoramic and stereoscopic slides, graphoscopes, photographs, &c.; binocular and students' microscopes, photomicrographs from negatives by Dr. Maddox, graduated glass apparatus for volumetric analysis, gasometry, &c.; sketches of French character; pictures and photographs of Abyssinia; photographs of the Herbert memorial; photographs in carbon; specimens of Wedgwood ware; minerals used in jewelry, &c.

THE JENNER BANQUET.

RESERVING a fuller account of the Jenner Banquet until next week, we may state that a most numerous and influential gathering of medical practitioners assembled to do honour to Sir William Jenner on Thursday night at Willis's Rooms. Some 200 gentlemen sat down to dinner under the chairmanship of Dr. Parkes. The *alumni* of University College mustered in strong force from all parts of England. In addition to the professorial staff of the College, we noticed amongst those present Mr. Paget, Mr. Justice Carr, Mr. R. N. Fowler, Mr. George Pollock, Dr. Lankester, Dr. Richardson, Dr. Storrar, Dr. W. Farr, Dr. Sieveking, Dr. Murray (Newcastle), Dr. Bruce (Bath), Dr. Miller (Wolverhampton), Mr. Gramshaw (Saxmundham), Sir H. Cooper (Hull), Dr. Taylor (Guildford), Dr. Kendall (King's Lynn), Dr. Sankey (Cheltenham), Dr. Nankivell (Torquay), Dr. Rigden (Canterbury), Dr. Wardell (Tunbridge Wells), Dr. Mouatt, V.C., C.B. (Dublin), Dr. Osborne (Bitterne), Dr. Lingen (Hereford), Mr. Norman (Portsmouth), and others.

After the usual loyal toasts, an illuminated address from the present students was presented to Sir William Jenner by Mr. Poore. The health of Sir William was given by Dr. Parkes, the toast of University College by Sir Wm. Jenner—to which Dr. Sharpey replied,—the former Professors by Mr. Malden, and that of the Chairman by Mr. Quain.

THE MEDICAL TEACHERS' ASSOCIATION.

THE next General Meeting of the Association will be held at 37, Soho-square, on Monday, the 15th of June, at 8 P.M., when the following will be the agenda:—

To receive and consider the report of the Committee appointed to consider the advisability of utilising the out-patient department of our hospitals for clinical teaching.

The following resolutions will also be submitted to the meeting:—

1. That it is desirable that the Medical Teachers' Association should take into consideration the supply of anatomical subjects to the Schools. Proposer, Mr. Barwell; seconder, Mr. Partridge.

2. That in Rule XIII., at line 4, 21 days be substituted for 14 days.

Rule 10.—That the ordinary meetings of the Council be held on the first Monday in November, January, March, and June, instead of the third Monday in October, December, February, and May. Proposer, Dr. Miller; seconder, Prof. Bentley.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

ON this day (June 9th) a special meeting of the Council of the Royal College of Surgeons (the first held since its recent election) was hastily convened by our new President (Dr. Porter), for the purpose of considering the provisions of a Bill at present before Parliament, introduced by Sir Colman O'Loghlen, Sir John Gray, and Mr. Pim, entitled the "Local Officers' Superannuation Bill," in which most extensive provision is made for superannuating every person employed in the public services, and out of which, for a wonder, the medical profession has not been left. The important bearing of the Bill towards our profession was so apparent that a deputation, consisting of the Vice-President (Mr. Macnamara) and the Secretary of Council (Mr. Hughes), was directed immediately to start for London, with the view of looking after the Bill, and assisting those gentlemen in their efforts to make its provisions our statute law. The President of the College deserves the highest praise for his prompt action on the occasion in question, as do also the members of Council.

The Council of the Irish Medical Association was also convened to consider the same Bill, and they likewise directed their estimable Hon. Secretary (Dr. Quinan) to proceed to London with a similar object in view.

Dublin, June 9th, 1868.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 4th inst.:—

Beard, William Derrickson, St. Kitts, West Indies.
Fawcett, Francis Molineux, Yarm, Yorkshire.
Harrison, James Waters, Barnsley, Yorkshire.
Norton, Herbert, Westbourne-grove.
Wharton, Joseph, Oldham, Lancashire.

The following gentleman also on the same day passed his first examination:—

Bell, Alfred James, King's College Hospital.

THE LATE DR. BRINTON.—A full-length photographic portrait of the late lamented Dr. Wm. Brinton, F.R.S., has just been placed in the Board-room of the Kidderminster Infirmary. The infirmary of his native town will thus possess a permanent memorial of this eminent physician, whose premature death was deeply regretted.

DR. FISHER, of the Isle of Man, committed suicide last week by taking an ounce and a half of laudanum. He had been drinking heavily of late.

THE MIDWIFERY CHAIR AT GLASGOW.—Dr. Wilson's class presented to him a few days since a flattering address having reference to his present candidature.

A VAST deposit of pure chloride of potassium has been discovered in a salt mine in Hungary. It contains about 50 per cent. of potassium, and must prove of great value to Austria.

THE wife of one of the members of the Japanese troop performing at the Lyceum Theatre gave birth to a child on Sunday last—it is thought the first Japanese born in England.

NO less than ten cases of poisoning—eight accidental and two suicidal—were admitted into the Middlesex Hospital during the first two days of the present week.

THE ALLEGED DEATH OF PIROGOFF.—We were quite correct in doubting the report of the tragic death of this eminent surgeon, as given by one of our contemporaries a few weeks since. At the meeting of the Academy of Medicine of Paris on the 2nd inst., M. Jules Guérin stated that M. Pirogoff (who is corresponding member of that learned body at Odessa) had not met with any accident, as erroneously stated in some of the medical periodicals.

EXTENSION OF THE CONTAGIOUS DISEASES ACT.—At a recent meeting of the Medical Society of Torquay, a petition for the extension of the Contagious Diseases Act to that town was proposed, and is now in course of signature by the leading inhabitants, and will be presented to Parliament in this present session.

THE PERILS OF THE MEDICAL PROFESSION.—Dr. Juge died lately, in Paris, at the early age of forty years. He had practised in the provinces, and had been settled in the French capital only five years. The deceased was highly respected and beloved in his birthplace, as well as in the localities where he had been residing; and the most touching marks of reverence were paid to his remains when, according to his wish, they were conveyed to his native village. The peculiarity of the case lies in the rapidity with which Dr. Juge was carried off. About ten days before his death, a pin, which

had not been used for any pathological purpose, pricked his little finger. Of course no attention was paid to this. Two days afterwards, however, he was seized with rigors; the finger became red and painful, and swelled considerably; erysipelas set in and ran up the arm; delirium came on; and death ultimately ensued. Now it should be noted that Dr. Juge was an indefatigable investigator in medical science; that his brain was habitually overworked; and that, consequently, his nervous system was in a state of constant irritation. That the pin had not come in contact with some noxious principle no one could of course maintain; but it may be suspected that the state of the system—a state which, to our knowledge, obtains with many of our professional brethren—had much influence on the fatal issue. Let this be a warning.

CONVIVIALITIES OF MEDICAL CORPORATIONS.—M. Chereau gives, in *L'Union Médicale* of June 4th, a humorous account of the numerous banquets and feasts which used to be held at the old Faculty of Medicine of Paris. These were mostly defrayed by newly received doctors, and sometimes by the professors. The recipients of the degree were, besides, bound to send presents of confectionery and wine to each professor. These *good* old customs, being a heavy burden for the young doctors, were gradually abolished.

THE Shoreditch Board of Guardians have unanimously resolved, on the recommendation of the Poor-law Board, to appoint a workhouse dispenser to assist the medical officer in making up medicines. The workhouse medical officer has at present 170 sick acute cases under his care, besides a large number of infirm, bedridden, and imbeciles. In addition, he has had to perform the task of making up the medicines.

THE charge against Dr. Jarvis of neglect of duty has been declared by the Hackney guardians, after a patient hearing of the case, to be destitute of any foundation whatever. Most flattering testimony was borne to the uniform good conduct and activity of the medical officer. Mr. Runtz, of the Metropolitan Board of Works, said that during the cholera outbreak Dr. Jarvis was one of their most active medical officers.

THE CITY OF LONDON TRUSS SOCIETY.—The sixty-first annual festival of this charity was held on Tuesday evening at the Albion, Aldersgate-street, Mr. R. N. Fowler presiding. During the year 1867 the number of patients was 7209. The income during the year was £3000; the disbursements somewhat exceeded that sum. The Secretary, Mr. Nunn, stated that since the foundation of the Society 259,578 persons had been supplied with trusses.

CLAUDE BERNARD AT THE FRENCH ACADEMY.—This learned body, composed chiefly of men of letters, and originally founded for the cultivation of French literature, consists of forty members. The late Flourens had been elected as an elegant writer on scientific subjects. Claude Bernard has just been chosen to succeed him. Some French medical papers, after paying every respect to Bernard's eminent qualities as an original and persevering investigator, consider that he is hardly fit in a purely literary point of view to belong to a body composed of poets, dramatists, and literati.

ANOTHER CATTLE DISEASE.—We learn from the *New York Times* of the 23rd ult., that a very subtle and terribly fatal disease is now raging among the cattle in some portions of Illinois. Over 100 head had fallen victims to it within the past few days. It usually kills in a few hours. No premonitory warnings are given, and although all the skill in possession of ordinary practitioners has been brought to bear upon it, it yields to no remedy or treatment, and is fatal in every instance. Its name and nature have not yet been determined.

THE QUEKETT MICROSCOPICAL CLUB.—At the ordinary meeting, held at University College, May 22nd, Arthur E. Durham, Esq., F.L.S., President, in the chair, thirty new members were elected, and eleven gentlemen were proposed for membership. A large number of presents to the cabinet and library were announced, and amongst the latter were a series of twenty-four photomicrographs of sections of wood taken by the president, some of the best of them having been produced by no other light than that of a common argand burner. Papers were read by Mr. Martin "On the Crystallization of Sulphate of Copper at different Temperatures," and by Mr. Slade "On the Microscopic Structure of the Shells of the Crustacea," and interesting discussions on the subjects took place. A paper was also read by Dr. Robert Braithwaite, F.L.S., in continuation of a series on the mosses found at the field excursions of the Club, and which it is hoped will form, when complete, a bryological flora of the various collecting grounds in the metropolitan district. On this occasion four species, all rare, and quite new to this part of the country, were described and exhibited. Votes of thanks were given to the readers of the papers, and the proceedings terminated with a conversazione, at which a variety of interesting microscopic objects were exhibited.

Obituary.

JOHN WITHRINGTON, M.D.

AN accomplished member of our profession was the deceased gentleman, whose death occurred on the 27th ult. Dr. Withrington was born at Blackburn in 1833, and consequently died when in his thirty-fifth year. At a fit age he became a pupil of the late Mr. Rogerson; subsequently he entered at University College, where he distinguished himself in the classes. Afterwards he temporarily filled the post of house-surgeon to the Taunton and Somerset Hospital. In 1856 he passed the College of Surgeons and the Apothecaries' Society, and then commenced practice at Blackburn. In 1857 he took the St. Andrews' degree of M.D. Since that time his private practice increased, but his health gave way, and symptoms of consumption showed themselves. Of this disease he died, leaving behind a young widow and one surviving daughter.

FREDERICK POWELL, ESQ.

THE *Delhi Gazette* says:—"Died near Suez, on 12th February, Frederick Powell, M.R.C.S., assistant-surgeon, 2nd battalion Royal Regiment, aged twenty-five." Thus briefly is recorded, at an early age, the death of one of the most promising medical officers in the army. He left us in the beginning of the year broken down by dysentery, but hopeful of speedy restoration to health and strength by a period of leave in England. But he was fated never to reach his native country; he died on board the troopship *Euphrates* in the Red Sea. Mr. Powell's death-sickness was incurred in the discharge of his duty; and he died as truly in the service of his country as if he had fallen on the field of battle. In August last he was ordered to Deolee, where cholera had broken out. On his way back to Nuseerabad he was overtaken by a heavy storm, which blew down his tent, and drenched himself and baggage with rain. This exposure to cold and wet in a few days brought on an acute attack of dysentery. Had Mr. Powell then allowed himself the rest and quiet necessary for the proper treatment of his complaint, the result might have been different to-day. But there was a great deal of deadly sickness at that time in the regiment, and he persistently refused to withdraw himself from his hospital duties, though strongly advised to do so. Thus he worked on bravely, but not wisely, though hardly able to drag himself about. In the early part of September, as everybody knows, cholera of a most virulent kind broke out in the battalion. During that terrible period, which no man of the Royals will ever forget, Mr. Powell, though still suffering from a chronic form of dysentery, and greatly enfeebled thereby, clung to his incessant and painful duties by night and day with the most noble courage and devotedness, displaying valour of a far higher and more enduring type than that which, called into action by the heat and excitement of battle, secures the coveted distinction of the Victoria Cross. Not until the epidemic had completely disappeared, and the regiment had returned from the cholera camp to cantonments, would Mr. Powell consent to go on the sick list, and resign his duties to another. But in the meantime irreparable mischief had been wrought. We now know the final result, and deeply deplore it. His high professional attainments and courteous manners had made him much esteemed and beloved by the men and officers of his regiment; and the deepest regret is felt on every hand at the untimely fate of a young surgeon, whose life promised to be one of so much honour to his profession, and usefulness to the service.

Mr. Powell was formerly a distinguished student of the Westminster Hospital, and only entered the army medical service in 1865.

MEDICAL APPOINTMENTS.

Mr. J. BOMBROUGH has been appointed Dispenser to the Loughborough Infirmary and Dispensary, vice Peacock, resigned.

Mr. P. B. BURROUGHS has been appointed Assistant House Surgeon and Dispenser to the Kent and Canterbury Hospital, vice O. T. Molecey, M.R.C.S.E., resigned.

D. CAMPBELL, M.B., has been appointed Medical Officer and Public Vaccinator for the Parishes of Knockbain and Killearnan, Ross-shire, vice J. M'Nee, M.D., L.R.C.S., resigned.

Dr. CANE (son of the late Dr. Cane, of Dublin) has been appointed Medical Officer for the Kilmackevogue Dispensary District of the Waterford Union, vice E. A. Stephenson, L.K.Q.C.P.I., resigned.

E. F. CHINERY, L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Brockenhurst District of the Lymington Union and to the Lymington Union Workhouse, vice E. Chinery, M.D., resigned.

D. CHRISTIE, L.R.C.P.Ed., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Rosguill Dispensary District of the Milford Union, Co. Donegal, vice W. E. Flynn, L.R.C.P.Ed., deceased.

Mr. W. DAVIES has been appointed Medical Officer and Public Vaccinator for the Central District of the Llandilofawr Union, Carmarthenshire, vice T. Lewis, M.R.C.S.E., deceased.

Mr. L. DITCHBURN has been appointed Resident Dispenser at the Birmingham Workhouse.

MACADAM GRIGOR, of the University of Aberdeen, has been appointed Assistant-Surgeon and Apothecary to the City and County of Perth Infirmary, vice James Stewart, of the University of Edinburgh, resigned.

Dr. C. E. GLASCOTT has been appointed House-Surgeon and Secretary to the Royal Eye Hospital, Manchester, vice A. N. Anstey, M.D., resigned.

A. H. HACKNEY, M.R.C.S., has been appointed Assistant House-Surgeon to the Sheffield General Infirmary, vice C. J. Hardy Smith, M.R.C.S., appointed House-Surgeon.

C. H. HARRISON, M.R.C.S.E., has been appointed an Hon. Medical Officer to the South Lambeth, Stockwell, and North Brixton Dispensary, vice Charlton, resigned.

R. HARRISON, F.R.C.S., has been appointed Assistant-Surgeon to the Liverpool Royal Infirmary.

T. F. HORGOOD, L.R.C.P.L. (University College Hospital), has been appointed House-Surgeon to the Royal Surrey County Hospital, Guildford, vice H. C. Hilliard, L.R.C.P.L., resigned.

G. KICK, L.R.C.P.Ed., has been appointed Public Vaccinator for West Hartlepool.

W. J. MARSH, M.R.C.S.E., has been appointed Assistant Medical Officer to the Littlemore Pauper Lunatic Asylum, near Oxford, vice R. H. Heurtley Sankey, M.R.C.S.E., promoted to Medical Superintendent.

G. MOORE, M.D., has been appoined Public Vaccinator for Hartlepool.

F. M. PIERCE, M.R.C.S., L.S.A., has been appointed Resident Medical Officer to the Brixton and Streatham Dispensary, vice J. Marsh, M.R.C.S.

H. SWEETS, M.R.C.S.E., has been appointed Medical Superintendent and Secretary to the Weston-super-Mare Convalescent Home, now in course of formation.

J. VANCE, L.F.P. & S. Glas., has been appointed Medical Officer to the St. Pancras temporary Schools at Plaistow, Essex, vice Wm. Elphick, M.R.C.S.E., deceased.

Mr. T. WEAVER has been appointed Dispenser to the South Staffordshire General Hospital, Wolverhampton, vice Mr. W. R. Moses, resigned.

W. O. WEIR has been appointed Resident Apothecary to the Combe Lying-in Hospital, Dublin, vice E. J. Devine, M.D., resigned.

A. E. WOOLLETCH, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 3 of the Brixworth Union, Northamptonshire, vice F. Cox, F.R.C.S.E., deceased.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

A. CHESTER, F.R.C.S.E., Assist.-Surgeon Royal Artillery, has been appointed Staff Assistant-Surgeon, vice Cogan, appointed to the Royal Artillery.

M. COGAN, L.K.Q.C.P.I., Staff Assist.-Surgeon Army, has been appointed Assist.-Surgeon Royal Artillery, vice Chester, appointed to the Staff.

R. S. FOWLER, M.R.C.S.E., has been appointed Assist.-Surgeon 1st Administrative Batt. of Somersetshire Rifle Volunteers.

M. U. GERMANY, Acting Assist.-Surgeon R.N., has been appointed to the "Eclipse."

G. HARE, Staff Assist.-Surgeon Army, has been appointed Assist.-Surgeon 55th Foot, vice Ward, appointed to the Staff.

R. L. B. HEAD, M.R.C.S.E., Surgeon R.N., has been appointed to the "Eclipse."

J. KELLIE, M.D., Surgeon Royal Artillery, having completed twenty years' full-pay service, has been promoted to Surg.-Major, under the provisions of the Royal Warrant of April 1st, 1867.

A. M'KENNA, M.D., Surgeon R.N., has been appointed to the "Mersey" (additional), in lieu of Assist.-Surgeon.

J. R. MURRAY, M.D., Assist.-Surgeon 107th Foot, has been appointed Assist.-Surgeon Royal Artillery, vice Barry, appointed to the Staff.

E. OLIVE, M.R.C.S.E., Assistant-Surgeon R.N., has been appointed to the "Fox."

E. H. ROE, M.R.C.S.E., has been appointed Assist.-Surgeon 4th Administrative Battalion of Lancashire Rifle Volunteers, vice Hepworth, promoted.

E. VALLANCE, M.R.C.S.E., Assist.-Surgeon 3rd Dragoon Guards, has been appointed Assist.-Surgeon 2nd Dragoon Guards, vice Shipton, promoted on the Staff.

J. W. WALKER, M.R., has been appointed Assist.-Surgeon 1st Administrative Batt. Lincolnshire Rifle Volunteers.

P. W. WALLACE, M.D., Surgeon R.N., has been removed from the "Research" to the "Rapid."

R. WARD, L.R.C.P.Ed., Assist.-Surgeon 55th Foot, has been appointed Staff Assist.-Surgeon, vice Hare, appointed to the 55th Foot.

W. D. WILSON, M.B., Staff Assist.-Surgeon Army, has been appointed Assist.-Surgeon 107th Foot, vice Murray, M.D., appointed to the Royal Artillery.

Births, Marriages, and Deaths.

BIRTHS.

On the 3rd of April, at the Green Mountain Hospital, Ascension, the wife of Michael W. Cowan, M.D., Surgeon R.N., of a daughter.

On the 1st inst., the wife of H. J. Young, M.D., of a daughter.

On the 2nd inst., at Campbell-road, Bow, the wife of J. Stillwell Hawkins, M.R.C.S.E., of a son.

On the 3rd inst., at Wimpole-street, the wife of Dr. F. Simms, prematurely, of a daughter.

On the 5th inst., at Denmark-hill, the wife of George Puckle, M.D., of a daughter.

MARRIAGES.

On the 28th ult., at Union Chapel, Oxford-road, Manchester, James Gwyther, M.B., younger son of the Rev. James Gwyther, to Lucy Victoria, youngest and only surviving daughter of W. A. Callender, Esq., of The Elms, Didsbury.

On the 3rd inst., at St. Stephen's Church, Hammersmith, Frederick John Burge, jun., L.R.C.P.L., of Stowe Lodge, Shepherd's-bush, to Virginia (Nina), eldest daughter of the late J. F. Edger, Esq., Member of the Legislative Council of Hong-Kong.

DEATHS.

On the 20th ult., F. D. W. Wheaton, M.R.C.S.E., of Culmstock, Somersetshire, aged 45.

On the 29th ult., at Melville Hospital, Chatham, John Bishop, L.R.C.S.Ed., Assist.-Surgeon H.M.'s Ship "Fox."

On the 1st inst., at Polyphant, Lewannick, Launceston (in childbirth), Elizabeth, wife of H. E. Sargent, M.D., M.R.C.S., aged 40.

On the 2nd inst., T. Holman, M.R.C.S.E., of Uckfield, Sussex, aged 27.

On the 3rd inst., at Brighton, H. G. Potter, F.R.C.S.E., formerly of Newcastle-upon-Tyne, aged 58.

On the 3rd inst., at Woburn Villas, South Hackney, Harvey, infant son of H. T. Harvey Mead, M.R.C.S.E., aged one month.

On the 4th inst., at Monkstown, E. P. Forrest, M.R.C.S.E., Surgeon R.N., aged 34.

On the 6th inst., at Aldershot, Thomas William, the infant twin son of H. C. Herbert, M.D., F.R.C.S., H.M.'s 40th Regiment.

On the 8th inst., at Boundary-street, Kirkdale, Sarah, wife of E. M. Sheldon, M.R.C.S.E., aged 32.

BOOKS ETC. RECEIVED.

Jervis on the Mineral Resources of Central Italy.
A Key to Galloway's First Step in Chemistry.
Dr. Thorowgood on Consumption, and its Treatment by the Hypophosphites. Second Edition.
De l'Emploi du Spéculum Laryngien dans la Traitement. Par Labordette.
Dr. Hall on Medical Evidence.
Dr. Garrod on the Essentials of Materia Medica and Therapeutics. Third Edition.
O Tratemento da Angina Diphtherica.
&c. &c. &c.

To Correspondents.

FEVER AND SMALL-POX AMBULANCES.

WE are glad that the subject of hospital carriages for fever and small-pox cases has been brought under the public notice by advertisement and by a letter of Dr. Horace Jeaffreson. By transmitting messages to the London Fever Hospital, by telegram or otherwise, an ambulance for a fever case or small-pox case (as may be) can be had, the only expense being for horse-hire (about a double cab-fare). We are informed by those who live in the neighbourhood of the Small-pox Hospital that it is not uncommon to see small-pox cases in cabs. After this, such a proceeding will merit the utmost severity of the law; for there is a most just law making it an indictable offence.

One desirous of Entering the Service.—No Commission has been appointed, nor have we heard that any is likely to be. The new Warrant for the Prussian Army Medical Department has been promulgated, and we believe that the short description we furnished of it in an annotation was correct.

Mr. Langston Parker's letter arrived too late for notice this week.

THE ELECTORAL BODY IN THE SCOTCH UNIVERSITIES.

To the Editor of THE LANCET.

SIR,—Will you be good enough to enlighten some of us old Scotch graduates of what the electoral body in the Universities will consist; whether all are to be admitted on the Register, or only those who have graduated within a prescribed time of the new constitutions.

I am, Sir, your obedient servant,

June 1st, 1868. M.D.

*** All members of the General Council of each of the Universities, if of full age, and not subject to any legal incapacity, are entitled to vote on the election of member of Parliament. This General Council consists of the Chancellor, the members of the University Court, the Professors, all Masters of Arts who have as matriculated students attended classes in the University for four sessions, and all persons who have, after examination, obtained the degree of Doctor of Medicine, or Doctor of Science, or Bachelor of Divinity, or Bachelor of Laws, or Bachelor of Medicine.

UNIVERSITY OF CAMBRIDGE: SIDNEY SUSSEX COLLEGE.

A CORRESPONDENT complains to us, and apparently with good reason, of the little encouragement shown to Natural Science in this College by the recent election to a Fellowship of a gentleman who was fifteenth Wrangler in preference to one who was twenty-seventh Wrangler, and, in addition, took the first place in the Natural Sciences Tripos, and had offered to reside in Cambridge for the purpose of giving lectures at the College. We learn also that the election was determined chiefly by the votes of non-resident Fellows, who came up at the time, and acted under the influence of the Master in opposition to the Tutor and most of the residents. If the efforts of those who are anxious to promote the real interests of these institutions are to be thus thwarted, the sooner an alteration in their constitution is made, so as to give proper weight to the working staff of the College, the better.

C. H.—Whether the authorities will prosecute a defaulting medical practitioner is a question which we cannot answer. We would call our correspondent's attention to the following words in section 30 of the Vaccination Act—viz.: "Every medical practitioner who shall refuse to fill up and sign the certificate of successful vaccination.....shall be liable to pay upon a summary conviction a penalty not exceeding twenty shillings." The statement that the registrars have had additional work imposed upon them, "without any increase of remuneration," is scarcely the fact, as the fees now payable to registrars are more than were paid under the old Act.

Rusticus.—The work of Dr. Alfred Taylor.

Mr. Edward Jackson (Sheffield.)—The cases have not been overlooked, and shall be inserted as soon as our arrangements will admit of their publication.

PENS: POUNDS OR GUINEAS?

To the Editor of THE LANCET.

SIR,—Amongst the numerous communications which have recently appeared in THE LANCET on this subject of absorbing interest to all of us, not one has referred to a growing evil, which within the last few years has assumed truly formidable proportions. I allude to the practice which now obtains with many of the best class of patients, of fesing us with pounds instead of with guineas. This highly reprehensible habit has, I believe, originated with the aristocracy; but, as everything done by that select body is sure to be imitated by people lower down in the social scale, so it has now become quite a common thing for persons without any handle to their names to omit the shilling on leaving our consulting-room.

Now, I maintain that this innovation is injurious to the best interests of the profession, and ought to be resisted as steadily as possible. In the first instance, there is an actual loss to those who have any practice worth speaking of, which is not to be underrated. I, in my own humble way, have calculated that the shillings I have thus lost last year would not only have paid for hats, gloves, and boots, but also have left a handsome margin for subscriptions to Medical and other Societies, charitable contributions, and various other minor things which must be paid for as well as the baker's and butcher's bill. Add to this that the value of the guinea is now-a-days scarcely half of what it was fifty years ago, and it will make the difference larger still.

But secondly, I beg to submit that the guinea partakes much more of the character of an *honorarium*, and is a far more handsome acknowledgment of an intellectual service rendered than the common-place pound, which is well enough for tradesmen, but much less acceptable to members of a liberal profession. The guinea is an ideal coin, which has a pleasant flavour of antiquity and *nobleese* about it, which is utterly wanting in the sovereign, especially if the latter be an Australian one. Yet such is the infatuation especially of the aristocracy in this matter, that, to mention only one instance, the late Lord Cardigan on one occasion actually preferred giving me six pounds instead of five guineas which he owed, merely saying that "he always gave pounds to physicians, and could not deviate from this principle." I think that if fifty physicians of standing were to make it a rule only to accept guineas, the habit might be easily broken through.

If I were a Fellow of the College of Physicians, I should bring this matter under the notice of that distinguished body, with the view of eliciting the expression of an authoritative opinion on the subject in question; but as I have not yet attained to that dignity, I must be content to invoke the aid of your powerful columns, in order to make the profession alive to an injury which is being daily practised upon them, and bids fair to become more extensive as time goes on.

Your obedient servant,

London, June 8th, 1868. M.D.

A. B.—We hold our correspondent entirely irresponsible for the appearance of the notice, against the propriety of which the remarks we last week made were directed. We regretted that the injudicious friends of professional men so frequently found occasion to interest themselves in the "puff oblique." In these sensation times it is highly necessary to the dignity of our profession that medical men should be allowed to employ for themselves legitimate channels for giving publicity to inventions or the results of new researches. And no one can say that the facilities to this end are not sufficiently numerous, or that any real work or valuable discovery need remain unappreciated. The receipt of the paper of our correspondent was acknowledged, and its insertion promised at an early date.

A Workwoman, (Marylebone.)—Dr. Aldis was right in the course he pursued, and is entitled to the thanks of all interested in the question. The act is decidedly a sanitary one.

Rose.—Dr. Roberts directs the administration of a blanket-bath as follows: A thick blanket is wrung out of hot water, as hot as can be managed, and wrapped round the patient (stripped of course) in bed. Dry blankets are then heaped on, and the patient left to sweat for from one to three hours. The patient is then wiped with warm dry towels, and put between the bed-clothes. This form of bath is especially adapted for children.

THE letter of *Dr. Owen Rees*, in reply to Dr. George Johnson, arrived too late for insertion this week.

Justice.—Certainly not, if the name appears in the Medical Register.

W. H.—1. The best means to adopt and course to pursue for obtaining a foreign medical diploma, with residence, is to write to the Dean of the Faculty (either French or German), and request a copy of the laws, regulations, &c.—2. Ditto, without residence. The time is past when diplomas without residence or examination could be obtained. In Würzburg and Giessen, however, a candidate may, if he is prepared to pass a series of sharp examinations (the programme of which may be obtained by application to the Deans), obtain the degree of M.D., when found qualified.—3. This question is already answered above. The details and particulars of examinations are too long to be inserted here, but may be obtained either from Secretary or Dean on writing direct to those functionaries.—4. We consider that Paris, Berlin, and Vienna are the best. A qualification may be obtained in any of these three Faculties by severe examination.—5. In Würzburg, Giessen, or Göttingen, examinations may be undergone at certain periods of the year, which can be ascertained by writing. The expense is about £30.

THE FEMALE FORM.

THERE is a spirited and humorous poem in the *Kentish Express and Ashford News* of May 30th, entitled "Our Modern Belle," in which the writer holds up to ridicule and contempt an article in a late number of the *English-woman's Domestic Magazine* on "Stays."

Patiens.—We do not prescribe in this place. Any respectable surgeon would give the information required.

Mr. F. W. Miller, (Stoke Newington.)—It would be giving the contemptible little handbill too much importance to notice it seriously in the pages of THE LANCET.

Enquirer.—Yes, certainly, if the parties are in a position to pay it.

VACCINE LYMPH.

To the Editor of THE LANCET.

SIR,—I beg to suggest the use of capillary tubes of *different colours* for storing vaccine lymph. Reference to a note made on taking the lymph would enable the public vaccinator to at once identify its source, and to fill up the column in his register accordingly.

I am, Sir, your obedient servant,

Warlingham, June 9th, 1868. EBENEZER DYER.

S., (Holborn.)—The pamphlet is an illustration of the audacious quackery which at present prevails. The remedy is simple. The recipient of such a disgusting publication should apply to the nearest magistrate for the protection which the law affords against the most dangerous class of impostors which is to be found in the metropolis.

Ambleside.—The advertisement of Mr. James Robinson, Physician and Surgeon, Ulverston, is an objectionable mode of publishing a "card."

Mr. J. C. Ignoh (Sudbury) writes to us as follows:—

"The new hospital at Sudbury being now completed, we proceeded on June 3rd to the election of medical officers for it. Only two of the medical men residing in the town offered themselves for election; but as I wished the arrangements in this respect to be of the most liberal character, I got the subscribers to agree that, while the two medical men who sent in their names should be recognised as the regular medical attendants, and take their turn of duty at the hospital in rotation, it should be distinctly expressed that the number of medical attendants should not be limited to two, and that any medical man possessed of the legal qualifications, and resident in the borough, should at any time be entitled to apply for election. I also got the subscribers to agree that any medical man who might not wish to be a regular medical attendant, should be enabled to attend any patient he might send in to the hospital on his expressing such wish to the Committee of Management, and it was also provided that this rule should extend to medical men not resident in the borough.

"Some discussion took place over these rules, and it was feared by a few that they might not work well. I am very anxious to have your opinion on the matter if you will kindly favour me with it. There is yet time to amend them, though I own that, anxious as I am for the most liberal arrangement possible, I should like them to have a fair trial."

We think the suggestions of our correspondent to be conceived in a just and liberal spirit, and we trust the plan may be temporarily adopted.

The Medical and General School of Science.—Full particulars of the rules and regulations of this institution may be obtained by application to the Principal, 38, University-street, Gower-street, W.C.

Chirurgus.—The appointment could be so conferred; but it would be unjust to the practitioner "who is willing to take it."

E. B.—We think not.

Inexpertus.—1. The surgeon under such circumstances might apply to the Secretary of State for the Home Department to appoint another medical practitioner to see the alleged lunatic; but it would not in all cases be desirable to resort to such a proceeding.—2. It would depend on contract and custom. What are the terms of the contract? What is the custom?

Gen. Pract.—1. Half a guinea.—2. Seven shillings and sixpence.—3 & 4. Each fifteen shillings.

Dr. Beddoe (Clifton) will see that our columns are already seriously invaded by correspondence on the subject of the Chancellorship, and will, we trust, excuse us publishing his letter.

Mr. W. H. Beckett.—The practice to which our correspondent alludes, of medical practitioners letting their unqualified assistants perform the operation of vaccination, and then themselves certifying the results, is a common one. It is, perhaps, strictly illegal. Section 30 of the Vaccination Act enacts that "every person who shall wilfully sign a false certificate or duplicate under this Act shall be guilty of a misdemeanour, and punishable accordingly."

A. G.—Either of the gentlemen named may be consulted with advantage.

RECONSTRUCTION OF THE ARMY MEDICAL DEPARTMENT.

WE regret that we cannot at present find space for the insertion of the various lengthy communications we have received on this subject.

THE COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—In your last number I observe a letter from Dr. Taaffe, in which he asserts that the assumption of the title of "Dr." by a L.R.C.P. is "sheer nonsense." As many will differ from him, I beg that you will afford me space for a few remarks on the subject.

Your correspondent can understand a M.B. assuming the title of "Dr.," but not a L.R.C.P. doing the same, although the assumption is equally prohibited. Many on the strength of M.D. style themselves Physicians, and they practically are, nor would any Physician (L.R.C.P.) deny their right to do so; but on the same ground I maintain that a M.D. has no more right to style himself Physician than a L.R.C.P. has to the title of "Dr."

Dr. Taaffe says that a L.S.A. has as much right to the title of "Dr." as a L.R.C.P., and he might have added some M.D.s.

But to the point. What difference is there between a M.D. who has obtained his degree without residence and a L.R.C.P.? None, except that the latter frequently undergoes a more stringent examination, and is therefore at least as worthy of the distinction conferred by the title of "Dr." Many M.D.s who have received their degrees after residence only differ from a L.R.C.P. in having lived a few terms within the walls of a University, and eaten so many dinners (no doubt there is great virtue in these). But, fortunately for science, knowledge is not the offspring of bricks and mortar and dinners. In proof of which the London University admits to its degrees without residence, and even that University might modify its regulations so as to extend to general practitioners the opportunity of graduating.

It has already been shown in the pages of THE LANCET that the law acknowledges a Physician to be a Doctor of Physic. Lord Chief Justice Coke considered licentiates of the R.C.P. as Doctors of Physic, so did Ellenborough, Mansfield, and Denman.

Now, Sir, in the present unsettled state of the examining bodies, and the unequal tests applied by the Universities to applicants for the degree of M.D., I think the right of a Physician to style himself "Dr." should not be questioned.

The only remedy for the present abuse in granting qualifications in Medicine and Surgery is for the State to require every medical man to pass to practice through the same portal.—Your obedient servant,

M. DOUGLAS, M.R.C.S. Eng., L.R.C.P. Ed.

Sunderland, June 9th, 1868.

To the Editor of THE LANCET.

SIR,—In your impression of the 6th June, Dr. Taaffe writes a long letter, in which he complains that licentiates of Colleges of Physicians have taken the courtesy title of "Dr.," and remarks: "If licentiates of a College of Physicians are allowed to assume by courtesy the title of 'Dr.,' pray what is to prevent apothecaries from doing the same?" The answer to this question is simple enough. Apothecaries are not Physicians. The latter have always been considered as Doctors; the former never have. But why does Dr. Taaffe and many others trouble themselves so much about this matter? It is of little use.

I am a licentiate of the Edinburgh College, and my diploma was obtained in a fair, straightforward, and honourable way. I am a *Physician*, and on the strength of that I intend not only to call myself "Dr.," but to be called so by all those who desire to have any communication with me. It is hardly graceful on the part of other gentlemen, who have been able by accident to obtain the degree of M.D., to be constantly describing their brethren as "shams," because they claim what everybody admits to be theirs by time-honoured courtesy. University graduates are exclusively entitled to add the letters M.D. after their names. We neither claim said letters nor use them; but keeping up the dignity and respectability of the profession to the utmost of our power, and being *bonâ-fide* Physicians, we claim the title of "Dr.," and intend to use it. Yours obediently,

June, 1868. NOT "M.D.," BUT PHYSICIAN.

To the Editor of THE LANCET.

SIR,—Allow me to reply to the letter of Dr. Taaffe, which appeared in your last week's edition.

Will Dr. Taaffe enlighten me as to what privileges a M.D. possesses over a Licentiate or Fellow of a College of Physicians. A Doctor of Medicine is a Physician, and so is a L.R.C.P. For my part I cannot see any difference between the two; one is as good as another. But when the College states distinctly that no Licentiate or Fellow is to use the title of "Dr.," they ought to abide by that law, and not break it. The Edinburgh College has no such bye-law, and addresses its Licentiates as "Dr.," and many of them place it on their door-plates.

The difference between an Apothecary and Physician is, that the Apothecary is one who prepares drugs for medicinal use, or who is a practiser of pharmacy; the Physician is one skilled in the art of healing, or one whose profession is to prescribe remedies for disease. The Physician, in my opinion, be he M.D. or L.R.C.P., is decidedly a superior being to the Apothecary.

June, 1868. E. W.

To the Editor of THE LANCET.

SIR,—In THE LANCET of June 6th is a letter from Dr. Taaffe, in which he asserts that Licentiates of the College of Physicians have no claim whatever to be styled Doctors. Surely Dr. Taaffe ought to know that Fellows, Members, and Licentiates of the Royal College of Physicians are Physicians, and it is as such they are called by courtesy "Drs." A Physician and a Graduate in Medicine (i. e., Doctor or Bachelor) are distinct, and not necessarily conjoined. We often meet with a Physician who is not a Graduate in Medicine, and with a Graduate in Medicine who is not a Physician. Now if Dr. Taaffe will take the trouble to read the bye-law to which he refers, I think he will find there is nothing in it contrary to the above.

As to an Apothecary being equally entitled with a Physician to be called "Dr." I should suppose no one in or out of the profession will agree with Dr. Taaffe. Yours obediently,

June 9th, 1868. A GENERAL PRACTITIONER.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. J. H. Bennett, Edinburgh; Dr. Letheby; Mr. Pierce, Manchester; Dr. Hall, Newtown; Mr. Manning; Mr. Warren; Mr. Harland, Haverfordwest; Dr. Roberts, Sheffield; Mr. Reilly, Brighton; Mr. Dyke; Mr. Markby, Walthamstow; Mr. Pearson; Mr. Phillips; Mr. Adams, Hitchin; Mr. Mead; Mr. Parker, Birmingham; Mr. Shillitoe; Dr. Williams; Mr. J. Harrison, Manchester; Mr. Stephens; Mr. Hill; Dr. Boulton; Mr. Heim; Mr. Wilson; Mr. Ling, Saxmundham; Dr. Beddoe, Clifton; Dr. Douglas, Sunderland; Mr. Wade; Mr. Walker; Mr. Gronow; Dr. Stutter; Mr. Sampson; Mr. J. Clarke; Dr. Hewan; Dr. Savage, Nent Head; Mr. Toyne; Mr. Jackson, Sheffield; Mr. Blake; Mr. Ransom; Dr. Chinery, Lymington; Dr. Allen, Chatham; Mr. W. Kimpton; Mr. Sheldon, Kirkdale; Mr. Gramshaw, Kelsall Hall; Dr. Sargent, Lewannick; Mr. R. Harrison, Liverpool; Dr. Diver, Warlingham; Mr. Langley, Liverpool; Dr. Hilton, Skelmerdale; Mr. Ashton; Dr. Pope, Glastonbury; Mr. Holt; Mr. G. Brown; Mr. Gray, Lowestoft; Mr. Cufaude, Acle; Mr. Howard; Mr. Gilbert; Mr. Turner; Mr. Walker; Mr. M'Vail; Mr. Hirvan; Mr. Burge; Mr. Chapman; Mr. Roaber, Yeovil; Dr. Moore; Mr. Lewis; Dr. Lynch; Mr. Prince; Dr. Allison, Bridlington; Mr. Garman; Mr. Chambers; Mr. R. Fleming; Mr. Drew; Dr. Parkinson; Mr. R. Haynes; Mr. J. Wheatley, Crewkerne; Mr. Hainson, Ambleside; Dr. Macallum; Mr. Hutchinson; Mr. Lamond; Mr. Edwards, Worthing; Mr. Provis; Dr. Ross, Kidderminster; Mr. Pearse, Plymouth; Dr. Bogg, Louth; Mr. Bullen; Dr. Herbert, Aldershot; Dr. D. Campbell; Mr. Finlay; Mr. Chaldecott, Dorking; Dr. Cowan, Ascension; Mr. Serjeant; Justice; W. K. T.; B. A.; W. S.; A Physician, not a Foreign Graduate; M.R.C.S.; Medicus, Gorey; M.D.; J. E. B.; An Old Subscriber; Enquirer; E. C. W.; M. H. T.; S.; W. T. B.; E. W. P.; A. G.; Chirurgus; L. R. C. P. Lond.; The Council of the Fisheries Preservation Association; Reform; Rusticus; M.R.C.S. & L.R.C.P.; One desirous of Entering the Service; C. H.; F. R.; Crystal Palace Company; The One Portal; Royal Institution; W. B.; W. M.; Platus; E. W.; The Ladies' Sanitary Association; Constant Reader; A General Practitioner; &c. &c.

THE *Western Gazette and Flying Post*, the *Musical World*, the *Cork Daily Herald*, the *Tower Hamlets Express*, the *Yeovil Flying Post*, the *Lincolnshire Chronicle*, the *Brighton Gazette*, the *Kentish Express*, the *Islington Gazette*, and *Pulman's Weekly News* have been received.

Medical Diary of the Week.

Monday, June 15.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, June 16.

ROYAL FREE HOSPITAL.—Operations, 9 A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, June 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, June 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Sir John Lubbock, Bart., "On Savages."

Friday, June 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

Saturday, June 20.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Sir John Lubbock, Bart., "On Savages."

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For every additional line..... 0 0 6 | For a page..... 5 0 0

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Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.